



RETURN MATERIAL AUTHORIZATION APPLICATION FORM
RMA # _____

An RMA NUMBER will only be issued after the following data is completed and returned to FAX %%(& '%, ,

Name:	
RMA Returned by:	
Address:	
Phone:	Fax:
Your original P. O. Number or Invoice Number:	

Please complete the following in its entirety. Make a copy for your records.

Pump Tgh<(From pump label):					
Description:					
Motor information:	MY	RPM	Phase	Enclosure	Frame
Serial Number:					
Fluid being pumped			Concentration		

Note: *A current material safety data sheet must accompany all pumps that are returned (except for clean water applications).*

Temperature:	°F or °C	Duty Cycle:	Continuous:	Intermittent:
Inlet Pressure:	Approximate hours in service:			
Reason for return (Be specific):				

Action to be taken (Check One): <input type="checkbox"/> Warranty evaluation? <input type="checkbox"/> Estimate Repair Costs? <input type="checkbox"/> Restock products?	Note: Tgr cktu'y kn'qpn{ 'dg'j grf 'hqt '3"o qpj cpf 'vj gp'f kur qugf 'qhh Note: <i>Restock Charge is 40%.</i>
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Person to contact with results _____ Phone: _____

Upon receiving your RMA number please do the following:

- The pump must be clean and empty of all fluids or it will be returned freight collect.*
- Contain pump so that no packing material can enter pump.*
- RMA number must be visible on the outside container.*
- Ship Prepaid Freight to "Attn: Returns Dept."*