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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):	Note: Tgr cktu'y kn'qpn{ 'dg'j grf 'hqt '3"o qpj cpf 'vj gp'f kur qugf 'qth
<input type="checkbox"/> Warranty evaluation?	
<input type="checkbox"/> Estimate Repair Costs?	
<input type="checkbox"/> Restock products?	Note: Restock Charge is 40%.

Person to contact with results _____ Phone: _____

Upon receiving your RMA number please do the following:

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