



RETURN MATERIAL AUTHORIZATION APPLICATION FORM

RMA # _____

An RMA NUMBER will only be issued after the following data is completed
and returned to admin@centrifugalpumps.co.uk

*****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 km'qpn{ "dg"j grf "hqt"3"o qpj cpf "j gp"f krr qugf "qth 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:

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."*