

RMA Request Form

Date _____

RMA Requester _____

Customer Information	
SOLD TO <small>(Customer Billing Address)</small> <div style="text-align: right; margin-right: 20px;">#: _____</div> Company Name: _____ Address: _____ City, ST Zip: _____	SHIP TO <small>(Customer Shipping Address)</small> <div style="text-align: right; margin-right: 20px;">#: _____</div> Company Name: _____ Address: _____ City, ST Zip: _____

Customer Contact Information:	
Name: _____	Email: _____
Phone: _____	

Reason For Return			
Type of RMA Requested		Original TFMC SO #:	
		Original Customer PO#:	

QTY	Part #	Product Description	Serial #

Description Of Product Issue

For Mechanical Warranty Evaluation Only			
Operating Pressure: <small>(Include Units)</small>		Operating Temperature: <small>(Include Units)</small>	
Flow Rate: <small>(Include Units)</small>		Chemical Spec Sheet Provided:	
Fluid Being Pumped/Measured:		Date Of Finding:	

For Internal Use Only			
Credit to be Issued: <small>(Select Yes or No. If yes enter the \$ or TBA)</small>		Restocking Charge: <small>(Select Yes or No. If yes enter the % or TBA)</small>	
RMA # <small>(Recorded after creation)</small>		RMA Creation Date	

