

COMPLETE AND RETURN THIS FORM TO WHITE KNIGHT FOR RMA QUOTE AND INSTRUCTIONS.

Mail completed form to: 187 E. 670 S., Kamas, UT 84036 or email to: customer.support@wkfluidhandling.com

RMA requests can also be made online at: <https://wkfluidhandling.com/support/rma/>

I, the undersigned employee of _____, request a return merchandise authorization (RMA) for product below.
(Company)

Serial Number: _____

Purchase Order: _____

(We cannot process returns without product serial number and PO.)

How long after installation did the issue occur? (Hours) _____

Did any process change after installation? (Yes / No / NA) _____

Has unit been modified or disassembled? (Yes / No / NA) _____

(Modification or disassembly may void warranty.)

Metals Used
(Check all that apply.)

Copper

Other Metal(s)

No Metal

RMA Reason: *(Pick one.)*

- Evaluation
- Maintenance Repair
- Exchange Unused Product
- Return Unused Product
- Return Demo Product

Observed Issues: *(Check all that apply. Specify "Other" in Issue Details.)*

Functionality Issues

- None
- Air in Fluid
- Air Leak
- Erratic Operation
- Fluid Leak
- Low/No Flow
- Low/No Prime
- Nonfunctional
- Stalling
- Other

Component Issues

- None
- Air Valves
- Body
- Diaphragms
- Electronics
- Fittings
- Fluid Valves
- Motor
- Sensors
- Shaft/Seals
- Connection Board
- Other

Process Details: *(Use maximum values or ranges)*

*(*Required for process separation and safety. SDS are required for all chemistries.)*

*Chemistry: _____ *(e.g. HF, HCl, H2O2, H2SO4)*

*Metals: _____ *(e.g. Cu, Au, Co, Ga, Ni)*

Air Supply Pressure: _____ *(PSI, Bar, or MPa)*

Discharge Pressure: _____ *(PSI, Bar, or MPa)*

Flow Rate: _____ *(L/min or GPM)*

Temperature: _____ *(°F or °C)*

Duty Cycle: _____ *(e.g. cycles/min, hrs/day)*

Installation Date: _____ *(e.g. 2021 Jan 1)*

Issue Details: *(Please explain the issue in detail.)*

Contact Details:

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Return Shipping Address: