

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.)

- None
- Actuation Delay
- Air in Fluid
- Air Leak
- Cycle Issue
- Deadhead
- Erratic Operation
- Fluid Leak
- Low/No Flow
- Nonfunctional
- Other

Media: (Pick one.)

- Liquid
- Gas

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)

Power Supplied (solenoid valves): _____ (Volts or Watts)

Actuation Pressure (pneumatic valves): _____ (PSI, Bar, or MPa)

Inlet Pressure (or vacuum): _____ (PSI, Bar, or MPa)

Outlet Pressure (or vacuum): _____ (PSI, Bar, or MPa)

Flow Orientation: _____ (L/min or GPM)

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: