

RMA Request Form

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:		Metals Used
(We cannot process returns without product sen	ial number and PO.)	(Check all that apply.)
How long after installation did the is	sue occur? (Hours)	
Did any process change after installa	ation? (Yes / No / NA)	
Has unit been modified or disassem (Modification or disassembly may void warranty.		No Metal
RMA Reason: (Pick one.)	Observed Issues: (Check all that apply. Specify "Other" in Issue Details.)	
Evaluation	Functionality Issues	
Maintenance Repair	■ None	Low/No Flow
Exchange Unused Product	Air in Fluid	■ Nonfunctional
Return Unused Product	Air Leak	☐ Other
Return Demo Product	Fluid Leak	
Media: (Pick one.)		
○ Liquid ○ Gas		
2 Elquid 3 ous		
Drocoo Dataila:		Joseph Detaile:
Process Details: (Use maximum va **Required for process separatoin and safety. SL		Issue Details: (Please explain the issue in detail.)
*Chemistry:	(e.g. HF, HCl, H2C	12, 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. 2024 Jan 1)	
Contact Details:		Return Shipping Address:
Name:		_
Phone:		_
Email:		_
Signature:		
Date:		

