

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 ser	rial number and PO.)		(Check all that apply.)	
How long after installation did the is	ssue occur? (Hours)		Copper	
Did any process change after install	ation? (Yes / No / NA)		Other Metal(s	)
Has unit been modified or disassem (Modification or disassembly may void warranty			☐ No Metal	
RMA Reason: (Pick one.)	Observed Issu	les: (Check all that apply. Specify	"Other" in Issue Details.)	
<ul><li>Evaluation</li></ul>	Functionality Issue	es	Component Issues	
Maintenance Repair	■ None	☐ Fluid Leak	■ None	Liquid Fittings
<ul><li>Exchange Unused Product</li></ul>	Air in Fluid	Low/No Flow	Air Valves	Liquid Valves
Return Unused Product	Air Leak	Low/No Prime	Bellows	■ Motor
Return Demo Product	Cycle Issue	Nonfunctional	Body	Sensors
	Deadheaad	Stalling	Checks	Shaft/Seals
Media: (Pick one.)	Double Skip	Other	Diaphragms	Shuttle
○ Liquid	Erratic Operation	n	Electronics	Other
Process Details: (Use maximum va	alues or ranges)	Issue Deta	ils: (Please explain the issue	in detail.)
(*Required for process separatoin and safety. SL			(	
*Chemistry:	(e.g. HF, HCl, H202, H2S04)			
*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 Shi	pping Address:	
			pping Address.	
Name:				
Phone:				
Email:		_		
Signature:		_		
Date:				

