

# RETURN MATERIAL AUTHORIZATION FOR PERMA-CAL PRODUCTS

Enclose a completed copy of this form with each item. Return to:

Perma-Cal Industries, Inc.  
Return Dept.  
1742 Orbit way  
Minden, NV 89423

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

P/N: \_\_\_\_\_ S/N: \_\_\_\_\_

What was product used on (include all fluids in field and lab)?:

\_\_\_\_\_  
(Product will be returned at user's expense if this information is not accurate.)

Reason for return. Please be specific (recertification only, isn't reading correctly, overpressured, etc.). \_\_\_\_\_

\_\_\_\_\_

I certify all products returned have been cleaned of all hazardous substances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please remove all fitting adaptors, diaphragm seals, etc. before returning products.

Products will be evaluated upon return and you will be contacted for authorization to proceed before any work is done, unless pre-authorization is included with product, or under warranty.

Products evaluated and not authorized for repair or replacement are subject to a \$25.00 evaluation fee.