



PERMA-CAL® INDUSTRIES, INC.

RETURN MATERIAL AUTHORIZATION

Enclose a completed copy of this form with each item and return to:

Perma-Cal Industries, Inc.
Attn: Returns
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)?

(If this information is inaccurate, the product will be returned at user's expense.)

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.

X

Signature

Print Name

Date

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

Products will be evaluated upon return. 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 \$35.00 evaluation fee.