

R	eturn Goods Auth	norization			
Customer:					
PUMP, Inc ™ Contact Name:					
Purchase Order #/Sales Orde	er #:				
Pump/Part Information:					
Model:	Description:				
Size:	Material:				
Part #:					
How long has it been in service:					
Describe the location of the defect/discrepency or A	Additional Information	:			
					\Box
Application Information:					
Liquid:	Temperature:				
GPM:	TDH/Differential PS	SI:			
PH:	Specific Gravity:				
Viscosity:	Solids Type/Percen	tage:			
NPSHa Estimate:	Impeller Diameter:				
Motor HP/RPM:	Direct/Belt/Engine	Drive:			
CUSTOMER MUST INCLUDE MSDS SHEET I			VERE IN SERVI	CE	
This should be emailed	l with the completed I	RGA form.			
Reason For Return:					
Inventory Exchange (Include New PO#):	Failure Analysis:	Re	ework:	<u></u>	
Other (Explain):					
Please include any pl	hotos with emailed RG	GA form.			
Notes:					
Summit Personnel To Complete Below.					
Authorization Number:					
Authorized By:	Date:				
J.Elsey K.Moloney J.Tomljen		.Warner	M.Parr	nell	

The above RGA must be clearly placed/marked on the returned items. Any items returned must be authorized if they are not the items will be returned at your cost.

> Oneida, WI Summit Pump, Inc. 3168 S. Pine Tree Rd. 54155 Phone (920)869-4800 Fax (920) 869-4700 www.summitpump.com