

Chicago Industrial Pump Co.

Returned Goods Authorization Form

Date: _____ RGA Tag No. _____

Do not return products for inspection, repair or restocking until you have completed this form and received an RGA number authorizing product return.

Your Name: _____

Company Name: _____

Address: _____

Telephone () _____ Fax () _____

PRODUCTS TO BE RETURNED

Model No. _____ Complete Unit (Y or N) _____

Comments _____

Reason for Return _____

Describe the work you've done on this unit _____

Application/Service _____

Has this unit been in service on anything but clean water? ____ YES ____ NO

If yes, what was pumpage? _____

If yes, include all pertinent Material Safety Data Sheets. Number accompanying _____

If yes, sign the following: ***I certify that this equipment has been properly cleaned and does not represent a safety or health hazard.***

CUSTOMER SIGNATURE and DATE

Your PO# to cover freight, inspection, repair or restocking _____

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