

**VERMONT INDUSTRIAL PRODUCTS
RETURN GOODS AUTHORIZATION FORM**

FAX TO: 802.655.6699

COMPANY INFORMATION

| | |
|----------------------|--|
| COMPANY NAME: | |
| ADDRESS: | |
| CITY: | |
| STATE: | |
| ZIP CODE: | |
| CONTACT NAME: | |
| PHONE: | |
| FAX: | |
| E-MAIL: | |

SEAL REPAIR INFORMATION

| | |
|-------------------------------|---------------------------------------|
| SEAL TYPE: | |
| PRODUCT(S): | |
| EQUIPMENT TYPE: | |
| EQUIPMENT MODEL: | |
| SUCTION PRESSURE: | |
| DISCHARGE PRESSURE: | |
| STUFFING BOX PRESSURE: | |
| TEMPERATURE: | |
| HOW LONG IN OPERATION: | |
| MSDS AVAILABLE? | YES NO (CIRCLE ONE) |

COMMENTS: