

**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: