



Date:		Claim No.:
Name:		E-mail: AMANDA@PROFOAM.COM
Address: (street)		City/State/Zip
Phone:	Fax:	Contact:
Equipment Type:		Serial #:
PMC Reference #: (check one) <input type="checkbox"/> PMC Invoice/ <input type="checkbox"/> PMC Shipper/ <input type="checkbox"/> PMC Sales Order:		
Customer Name:		Phone: Fax:
Address: (street)		City/State/Zip

LIST PMC PARTS NEEDING CREDIT OR REPLACEMENT		
QTY	Part Number	Length of Service

Describe Specific Failure-(attach sheets as required)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send Replacement Parts:      Yes      No       Ship with Next Order      Ship Immediately

Ship to Customer:              Yes      No

Credit Account:                Yes      No      Other Credit:

**SPECIAL NOTE:** if you are instructed to return a hose/whip, it must be flushed out completely of all material and capped off. Failure to do so will result in your claim being rejected for not following procedure. An RMA Number will be issued by the Technical Service Manager and this number must appear on the returned merchandise. All Polyurethane Machinery Corporation products carry a one-year warranty against manufacturer's defects. Returns must come through the place of purchase and be accompanied by a proof of purchase. Polyurethane Machinery Corporation's Customer Service Department will have the final decision as to the cause of damage and whether the item shall be replaced.

I certify that all the above information is correct.

Signature\_\_\_\_\_