

## **RETURNED MIX-HEAD AUTHORIZATION (RMA)**

Please fill out this form completely. Fields marked with an asterisk (\*) are required. Include filled out form with shipment.

Please Ship to:	
Hunter Polyurethane Equipment, Inc C/O Joseph Gauder 24065 Riffe Rd, Suite C Covelo CA 95428	*Date:
Customer Information:	
*Contact Person:	
*Email:	Phone:
	Fax:
*Company:	
*Return Address:	*Dantal Ondo
*City: *State/Province: *Country:	^Postat Code:
Mix Head Information:	
*Manufacturer:	
*Type:	
*Serial No:	
Type of Failure: (Please describe)	
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☐ Service/Cleaning ☐ I	
To provide you the best service and to qualify for Warr	anty Consideration, please complete the following:
*Production Period: (dates) From: To:	:
*Mix Head Counter - Shot Count (best est.)	
Location: □Open □Pour □Robot □Mold □Hot □I	Mold □Other
Application: □Flexible □Semi-rigid □Rigid □RRIM O	ther
Additional Comments or Instructions:	

IMPORTANT: Thoroughly **drain all liquids** before shipping. All shipments must be packaged to prevent damage during transportation. Failure to do so may result in cancellation of warranty, or additional fees for repair of damage incurred during shipping. Any items left at HunterPure for longer than 6 months without communication from the sender will be discarded.