

CORPORATE HEADQUARTERS
121 SOUTH LOMBARD ROAD
ADDISON, IL 60101
P: (630) 629-3504
F: (630) 629-3512

www.enproinc.com

REQUEST FOR VENT REPAIR ESTIMATE

Thank you for the opportunity to inspect your vent. To request an estimate, complete this form in its entirety and send it to Enpro by fax along with a Safety Data Sheet (SDS) for each fluid that has been in contact with the vent (Equipment). The Equipment must be drained of oil and thoroughly cleaned and properly decontaminated in accordance with industry standards prior to shipment. The customer agrees to be responsible for any damages resulting from their failure to provide an SDS or failure to clean and decontaminate the Equipment prior to shipment. Enpro may refuse to accept delivery of the equipment if it is not clean and decontaminated.

Upon receipt of the completed form, ENPRO will send you a Returned Materials Authorization (RMA) number. Display the RMA number prominently on the outside of the shipping container and securely tag the Equipment with the RMA number. Keep a copy of this form for your records.

CUSTOMER INFORMATION							
Date: Company Name: Billing Address:			Company Nam Shipping Addre				
City:	State:	Zip:	City:	State:	Zip:		
Contact Name: Contact Phone: Contact E-Mail:			Location Withir	n Plant:			
PRODUCT INFORMATION							
Model #			Manufacturer:				
Serial #			Fluid(s):				
Description of Probl	lem:						

REQUEST FOR VENT REPAIR ESTIMATE

EVALUATION AGREEMENT

Evaluation of Equipment:

Enpro will evaluate the Equipment within three (3) business days after it is received at Enpro. Upon completion of the evaluation, Enpro will send you an estimate of the cost of the repairs.

Evaluation Fee:

\$250 (If repairs are made, this fee will be deducted from the final cost of the repair.)

Freight:

The customer is responsible for all freight charges associated with shipping the equipment to and from Enpro.

PO#

Equipment Ship to Address:

ENPRO, INC. 121 S. Lombard Rd. Attn RMA# Addison, IL 60101 P: (630) 629-3504 F: (630) 629-3512

Note: If the customer elects not to proceed with the repairs, Enpro will attempt to return the Equipment in the same condition as it was received; however, complete reassembly may not be possible due to the requirements of the evaluation process.

AUTHORIZED SIGNATURE

Signature:

I certify that I am authorized to request service for the Equipment and that the information provided on this form is true and accurate to the best of my knowledge. I agree that the Equipment will be drained of oil and thoroughly cleaned and properly decontaminated in accordance with industry standards prior to shipment. I agree to be responsible for any issues that may result from failure to provide an MSDS or properly clean and decontaminate the equipment prior to shipment to Enpro. I understand that Enpro may refuse to accept delivery of the Equipment if it is not clean and decontaminated prior to shipment.

Date:

	ENPRO USE ONLY	
Salesperson:	RMA #:	
Office Contact:		

Name (Print):