



Manufacturers of Solenoid Valves

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REPAIR / RETURN AUTHORIZATION FORM

COMPLETE AND ENCLOSE THIS FORM WITH YOUR SHIPMENT

For Magnatrol Use:

Customer #: _____ Date Rec'd: _____ Tracking #: _____

Return for: CREDIT - Invoice #: _____ - (Standard restocking charge: 20%)

REPAIR – Evaluate and Advise Repair Estimate

Company: _____

Returned from (Customer): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ FAX: _____ E-Mail: _____

PRODUCT RETURNED:

Valve Type No.: _____ Voltage: _____ Serial Number: _____

Valve Type No.: _____ Voltage: _____ Serial Number: _____

Part: _____

Part: _____

Part: _____

REASON FOR RETURN:

1X ORDER ERROR:

- 11 Customer ordered wrong item
- 12 Magnatrol entered order incorrectly
- 13 Shipping Department error
- 14 Assembly error
- _____

2X LEAKAGE:

- 21 External – Valve Body
- 22 External – Bonnet / Solenoid
- 23 External – Gasket
- 24 Across Seat - Not Closing Completely
- _____

3X OPERATION PROBLEMS:

- 31 Valve will not CLOSE
- 32 Valve will not OPEN
- 33 Sticking
- _____

For Magnatrol Use:

4X OTHER:

- 41 Damaged in return shipment
- 42 Damaged in shipment
- 43 Refused Delivery
- 44 Customer cancelled order
- 45 Defective Part
- _____

5X OTHER:

- 51 Worn parts (normal)
- 52 Debris in valve
- _____

WARRANTY / PREFIX POSITION (1):

- W - Warranty
- N - Non-Warranty

RESPONSIBILITY / PREFIX POSITION (2):

- M - MVC
- C - Customer
- O - Other

COMMENTS:

SHIP ALL RETURNS TO:
(Pack well to avoid damage)

Magnatrol Valve Corporation
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