**CORPORATE HEADQUARTERS**

**121 SOUTH LOMBARD ROAD**

**ADDISON, IL 60101**

**P: (630) 629-3504**

**F: (630) 629-3512**

**www.enproinc.com**



**REQUEST FOR AMIAD FILTER REPAIR ESTIMATE**

Thank you for the opportunity to inspect your filter. To request an estimate, complete this form in its entirety and send it to Enpro by fax or email along with a Safety Data Sheet (SDS) for each fluid that has been in contact with the filter (Equipment). The Equipment must be 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: Click here to enter text.

Company Name: Click here to enter text.

Billing Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Contact Name: Click here to enter text.

Contact Phone: Click here to enter text.

Contact E-Mail: Click here to enter text.

Company Name: Click here to enter text.

Shipping Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Location within plant:

Click here to enter text.

**PRODUCT INFORMATION**

Model #: Click here to enter text. Manufacturer: Click here to enter text.

Serial #: Click here to enter text. Fluid(s): Click here to enter text.

Description of Problem:

Click here to enter text.

**REQUEST FOR AMIAD FILTER 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: $400 (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#: Click here to enter text.

Equipment Ship to Address: ENPRO, INC.

121 S. Lombard Rd.

Attn RMA#

Addison, IL 60101

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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**

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 the failure to provide an SDS 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.

Name (Print): Click here to enter text.

Signature: Click here to enter text. Date: Click here to enter text.

**ENPRO USE ONLY**

Salesperson: Click here to enter text. RMA #: Click here to enter text.

Office Contact: Click here to enter text.