**CORPORATE HEADQUARTERS**

**121 SOUTH LOMBARD ROAD**

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**REQUEST FOR HEAT EXCHANGER CLEANING TESTING AND REPAIR (CTR) ESTIMATE**

Thank you for the opportunity to inspect and provide you with an estimate to clean, test and repair your heat exchanger. Please 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 heat exchanger (Equipment). The Equipment must be drained of all fluids and properly decontaminated in accordance with industry standards prior to shipment. By completing this form and shipping the Equipment to Enpro, you agree to be responsible for any damages or issues resulting from the failure to provide Enpro with an SDS or your failure to decontaminate the Equipment prior to shipment. Enpro, at its sole discretion, may refuse to accept delivery of the Equipment.

Upon receipt of the completed form, Enpro will send you a Returned Materials Authorization (RMA) number. Please 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.

Attention: Click here to enter text.

Customer reference or location within plant:

Click here to enter text.

**PRODUCT INFORMATION**

Manufacturer: Click here to enter text.

Model #: 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 HEAT EXCHANGER REPAIR ESTIMATE (CONT.)**

**EVALUATION AGREEMENT**

Evaluation of Equipment: Enpro will evaluate the Equipment within seven-ten (7-10) business days after it is received. Once the evaluation is completed, Enpro will send you an estimate of the cost of the repairs.

Evaluation Fee:

[ ]  Heat Exchanger $450

(If you elect to proceed with the repairs, this evaluation 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 the repair facility.

PO#: Click here to enter text.

Equipment Ship to Address: Kadet Products

2403 South J Street

Elwood, Indiana 46036

Reference RMA#

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 all fluids 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 decontaminate the equipment prior to shipment. I understand that Enpro may refuse to accept delivery of the Equipment.

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.