



1329 Markum Gate Way  
 Ft. Worth, TX 76126  
 Phone: (817) 850-7833

## RETURN MATERIAL AUTHORIZATION

DOCUMENT NO.  
**QUA5000F29**

REVISION	6
DATE	09/12/2024
PAGE	Page 1 of 2

<p><b>Replacement Policy:</b></p> <ol style="list-style-type: none"> <li>Fill out the Return Material Authorization form and email it to customerservice@bestpumpandflow.com.</li> <li>Return the item to:          Best Pump and Flow          c/o Service Center          1329 Markum Gate Way          Fort Worth, Texas 76126</li> </ol>	<p><b>RMA #:</b> _____ <b>Date Issued:</b> _____</p> <p style="text-align: center;">(Obtain from Best Pump and Flow Customer Service)</p>
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Company:	District:	<b>REASON FOR RETURN</b>
Contact Name:	Region:	<input type="checkbox"/> WARRANTY <span style="margin-left: 100px;"><input type="checkbox"/> EVALUATION</span>
Address:		
City:		<input type="checkbox"/> Power End <span style="margin-left: 100px;"><input type="checkbox"/> Large Bore Manifold</span> <input type="checkbox"/> Fluid End <span style="margin-left: 100px;"><input type="checkbox"/> Iron</span>
State:	Zip Code:	
Email:	<b>NOTE: For Evaluation, only PN, SN, Reason for Return fields are required to be completed.</b>	
Phone #:	Customer Signature: _____	
	Date: _____	

\* Must provide original sales order number

PART NUMBER	SERIAL #	Install Date	Date of Failure	Time Of Failure	TL. Pump Time since New	Pump Hours @ Install	Pump Hours @ Failure

DESCRIPTION	Original Sales Order	Date of Sales Order	Fleet #	Unit #	Type of Fluid and %

Operator	# of Completed Daily Stages	Avg. Stage Length	Average Pressure	Peak Pressure		

Reason for Failure: \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_