

Linden Industries, Inc. 137 Ascot Parkway, Cuyahoga Falls, OH 44223 330-928-4064 Fax: 330-928-1854

RETURNED MATERIAL AUTHORIZATION (RMA)

*RMA Date: Please fill out this form completely. Fields marked with	an asterisk (*) are req	uired.	
*Bill To Name: *Ship To: Same as Bill To			
*Address:		_	
*Contact:			
*Email:		*0-1	
*Item #1 Object to Be Returned Mix Head P			turning for:
Manufacturer: Model No.:			Repair
Type of Failure: (Describe Briefly)			Warranty
To qualify for Warranty Consideration, please complete the	ne following (to the best o	of your ability) for the Item a	
*Production Period: (dates) From:	То:		
For Mix Heads: *Mix Head Counter present?	Yes No		
If Yes *Number of cycles on counter: At Installation:	At R	emoval:	
If No *Mix Head Counter - Cycle Count (best est.)		ing Head on mold or robot?	Yes No
Application: Rigid Flexible	Semi-rigid	RRIM	
*Item #2 Object to Be Returned Mix Head P		*Ret	turning for:
Manufacturer: Model No.:			Repair
Type of Failure: (Describe Briefly)] Warranty
		L	
			Credit
To qualify for Warranty Consideration, please complete th	-		bove:
*Production Period: (dates) From:			
For Mix Heads: *Mix Head Counter present?	Yes No		
If Yes *Number of cycles on counter: At Installation:	At R	emoval:	
If No *Mix Head Counter - Cycle Count (best est.)	Mixi	ing Head on mold or robot?	Yes No
Application: Rigid Flexible	Semi-rigid	RRIM	
IMP	ORTANT:		,
After completion of the form please print it and include it with	the item in the shipping b	юх.	
Any items left at Linden Industries for longer than 6 months wi	thout a communication fr	om the sender will be discard	ed.
Thoroughly DRAIN all liquids before shipping. All shipments mu comply may result in loss of credit, cancellation of warranty, and		U U U	