



**COVELO MACHINE & TOOL TRADE CO. INC.**

24065 Riffe Road, Suite C, Covelo CA 95428  
phone (707) 983-6215 / fax (707) 983-8251

**CMTT**  
-the Mixing Head Specialist

## RETURNED MIX-HEAD AUTHORIZATION (RMA)

Please fill out this form completely. Fields marked with an asterisk (\*) are required.

\*Date: \_\_\_\_\_

### Customer Information

\*Contact Person: \_\_\_\_\_ \*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\*Company: \_\_\_\_\_

\*Return Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

### Mix Head Information

\*Manufacturer: \_\_\_\_\_ \*Type: \_\_\_\_\_ \*Serial No: \_\_\_\_\_

Type of Failure: (briefly describe) \_\_\_\_\_

Service/Cleaning     Repair     Warranty

To qualify for Warranty Consideration and to provide you the best service, please complete the following (to the best of your ability):

\*Production Period: (dates) From: \_\_\_\_\_ To: \_\_\_\_\_

\*Mix Head Counter present?     Yes     No

If Yes    \*Number of shots on counter: At Installation: \_\_\_\_\_ At Removal: \_\_\_\_\_

If No    \*Mix Head Counter - Shot Count (best est.) \_\_\_\_\_

Location:     Open Pour     Robot     Mold     Hot Mold     Other \_\_\_\_\_

Application:     Flexible     Semi-rigid     Rigid     RRIM     Other \_\_\_\_\_

Additional Comments or Instructions: \_\_\_\_\_

### IMPORTANT:

After completion of the form please print it and include it with the item in the shipping box.

Any items left at CMTT for longer than 6 months without a communication from the sender will be discarded.

Thoroughly **DRAIN** all liquids before shipping. All shipments must be packaged to prevent damage during transportation. Failure to comply may result in cancellation of warranty, or additional fees for repair of damage incurred during shipping.