



# NOZZLE RETURN TAG

No warranty accepted without tag filled out and attached to product.

## ASC (This section of tag to be completed by ASC)

ASC Company: \_\_\_\_\_

Site Name: \_\_\_\_\_

ASC Tech Name: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

ASC #: \_\_\_\_\_

Site City, State & Zip: \_\_\_\_\_

Service Date: \_\_\_\_\_

Site Phone #: \_\_\_\_\_

Claim Serial #: \_\_\_\_\_

(product removed from service)

Nozzle Type (check one):

- Balance     Assist     Conventional

Replacement Serial #: \_\_\_\_\_

**Check Reason for Return – at least one box below must be checked to be considered for a warranty claim:**

- Connection or thread problem
- Failed A/L test (applies to Assist only)
- Failed regulatory test ----->
- Leaked fuel ----->
- Lever always live
- Nuisance shut off
- Would not dispense
- Would not shut off
- Other claim - explain (use space to the right) ----->

Specify the test that failed: \_\_\_\_\_

Specify location of the leak: \_\_\_\_\_

Please explain any "Other claim" below:

\_\_\_\_\_  
\_\_\_\_\_

## DISTRIBUTOR (This section of tag to be completed by Distributor)

Distributor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Distributor Phone #: \_\_\_\_\_

**RGA#:** \_\_\_\_\_

Distributor should check off **ALL** of the below items for accurate warranty claim processing:

- RGA number is obtained and filled in within the Distributor section
- Claim Serial #** is validated (refer to the ASC section above)
- Replacement Serial #** is filled in (refer to the ASC section above)
- Verify the **Reason for Return** is filled in (refer to the ASC section above)

## PRODUCT RETURN

**Return product to:** Vapor Systems Technologies, Inc.    **Phone:** 1-888-VST-HOSE  
 650 Pleasant Valley Drive    1-888-878-4673  
 Springboro, Ohio 45066    **Website:** www.vsthose.com



- Fill out completely when submitting a Warranty Return Claim
- Include completed form in box with Warranty Return Claim product
- Include RGA paperwork