



P/V VALVE 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: _____

ASC Tech Name: _____

ASC #: _____

Service Date: _____

Site Name: _____

Site Street Address: _____

Site City, State & Zip: _____

Site Phone #: _____

Claim Serial #: _____

(product removed from service)

Replacement Serial #: _____

P/V Valve Type (check one):

VST-PV-100 VST-PV-200

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

- Connection or thread problem
- Failed cracking pressure/vacuum test ----->
- P/V valve leaking ----->
- TIP port leak
- Other claim - explain (use space to the right) ----->

Specify the test that failed: _____

Specify the measured leak rate: _____

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