



CHECK RING VALVE RETURN AUTHORIZATION FORM

RETAINER P/N:		DATE:					
RING P/N:		DATE ORDERED:					
SEAT P/N:		DATE INSTALLED:					
MACHINE MAKE:		DATE REMOVED:					
NATURE OF PROBLEM:							
				RESINS BEING MOLDED:		% OF FILLERS:	RESIN ADDITIVE TYPE:
				BARREL TEMP FEED:	TRANSITION:	METERING:	NOZZLE:
				SCREW RPM:		BACK PRESSURE:	INJ PRESSURE:
				OVERALL CYCLE TIME:	RECOVERY TIME:	INJECTION TIME:	SHOT SIZE:
				STROKE LENGTH:	CUSHION LENGTH:		
				OTHER:			
				CUSTOMER:			CUST NUMBER:
CONTACT:							
ADDRESS:							
PHONE ()		SALESMAN:	RMA#:				
FAX ()		EMAIL:					
CUSTOMERS P.O.:		INVOICE #:					

COMPLETED FORM MUST BE RETURNED WITH PARTS

	PLASTIC PROCESS EQUIPMENT, INC.	www.ppe.com • e-mail: ppe@nls.net
	PPE WEST 3615 Walnut Avenue, Chino, California 91710, U.S.A. 909-627-8511 • 800-258-8877 • Fax: 909-627-8101	PPE SOUTH 11218 Challenger Avenue, Odessa, Florida 33556, U.S.A. 727-834-8888 • 800-282-6783 • Fax: 727-834-8873
8303 CORPORATE PARK DRIVE, MACEDONIA (Cleveland), OHIO 44056, U.S.A.		Toll Free: USA, Canada & Mexico
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