



# Franklin Fueling Systems

**Date:** March 26, 2007

**Bulletin No:** B0307-07

**To:** Healy Distributors

**From:** Leon Schuster

**Subject: Returned Material Authorization (RMA) Processing**

In an effort to streamline the process of evaluating Healy products for warranty issues, Franklin Fueling Systems (FFS) is introducing an updated RMA process that we feel will better serve you.

To initiate an RMA, authorized Healy distributors will contact FFS for an RMA number. The RMA number allows both parties to document and track the warranty request through product return, evaluation, and disposition of the claim. To properly evaluate and process the RMA claims, FFS will need the attached Healy RMA form to be submitted along with the product being returned for a claim of warranty. Providing the complete details requested on the RMA form will ensure timely processing of RMA claims by FFS.

Healy products will only be evaluated for warranty coverage with a Returned Material Authorization, as detailed in the Healy limited warranty guidelines. Healy products are covered by a limited warranty that includes coverage of parts only. The Healy limited warranty includes exclusions for such items as rubber/plastic consumables (scuffguards or faceseals). Other exclusions include spouts or other parts damaged by misuse or drive-offs. Products sent to Healy for warranty evaluation must be returned freight prepaid (products must be shipped in accordance with DOT 49 CFR Parts 100-185, as applicable).

Please contact Franklin Fueling Systems Customer Service if you have any questions regarding the RMA process, RMA form, or to request an RMA number.

Thank you,

Leon Schuster  
Dispensing Systems Product Manager

Attachment: Healy RMA Form, FFS-0071 rev032607



Marketing Bulletin

**Franklin Fueling Systems / Healy**  
**Returned Material Authorization Form**

**RMA # \_\_\_\_\_**  
**Please contact FFS for this number before returning product**  
**PH: 603-882-2472 FX: 603-882-5189**

This claim is made by:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Is product returning from this location?  Yes  No

If no, Branch Name and \_\_\_\_\_

Branch Location: \_\_\_\_\_

Items being returned:

	<i><b>Healy Part Number</b></i>	<i><b>Healy Description / Model number</b></i>	<i><b>Date Code / Serial Number</b></i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Original Date Product Installed: \_\_\_\_\_ Service Call Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Servicing Company: \_\_\_\_\_

Service Technician Name and/or ID#: \_\_\_\_\_

Site Location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was FFS factory or sales rep contacted regarding repairs?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Description of problem and work performed: \_\_\_\_\_

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

How would you like your claim processed?  Replace product  Rebuild product  
 Credit only  Re-Stocking Fee \_\_\_\_\_ %

**Please return this form, together with the defective parts and other supporting documentation, within 30 days of service being performed, to:**

**Franklin Fueling Systems**  
**ATTN: Warranty Department**  
**18 Hampshire Road**  
**Hudson, NH 03051**  
**United States of America**

**Products being returned to Franklin Fueling Systems for warranty evaluation must be returned freight prepaid and shipped in accordance with DOT 49 CFR Parts 100-185, as applicable.**