

WARREN RUPP, INC.  
A Unit of IDEX Corporation  
800 North Main Street  
P.O. Box 1568  
Mansfield, OH 44901-1568 USA  
www.warrenrupp.com

Phone: (419) 524-8388  
Fax: (419) 524-0617  
Mail to: [apptech.warrenrupp@idexcorp.com](mailto:apptech.warrenrupp@idexcorp.com)

## SANDPIPER® 30-Day Trial Pump Request Form

**PLEASE NOTE:** By accepting the terms of this Trial Application by IDEX AODD and Distribution, a pump/product will be sent on a no charge basis for the trial period stated above. At the end of the trial period (starting from time of shipment), an invoice will automatically be generated and sent. If the Terms of a Successful Trial is not met, Distribution must complete and return the trial pump results form (attached) at the end of the trial period or an invoice will automatically be generated.

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### General Information

Date Submitted: \_\_\_\_\_

Distributor \_\_\_\_\_ Representative: (print) \_\_\_\_\_

Representative Signature: \_\_\_\_\_

END USER INFORMATION – *(please complete regardless of shipping arrangements)*

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

End User Company Contact Name: \_\_\_\_\_

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

City / State / Province / Postal Code \_\_\_\_\_

Country (if outside U.S.) Phone Fax \_\_\_\_\_

Mailing Address (if different from shipping address): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### EXISTING & TRIAL PUMP DETAILS

Terms of a Successful Trial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trial Pump Model : \_\_\_\_\_ Requested Ship Date: \_\_\_\_\_

How has the current pump performed? \_\_\_\_\_

Note any specific problems: \_\_\_\_\_

\_\_\_\_\_

End user Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide application details on pg. 2 and 3 of this form.

## APPLICATION DETAILS

Fluid \_\_\_\_\_

Flow required: \_\_\_\_\_ GPM/LPM

Are You Pumping Solids: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ If yes, approximate size: \_\_\_\_\_

Non-Suspended Solids: (Yes) \_\_\_\_\_ Suspended Solids (Yes) \_\_\_\_\_

Do you presently sell to this account? Yes: \_\_\_\_\_ NO: \_\_\_\_\_

Warren Rupp SandPiper only: \_\_\_\_\_

Warren Rupp SandPiper & Others: \_\_\_\_\_ Wilden: \_\_\_\_\_ Other: \_\_\_\_\_

Other Products Only: \_\_\_\_\_ Aro: \_\_\_\_\_ VersaMatic: \_\_\_\_\_

No. of units: \_\_\_\_\_

Don't Know: \_\_\_\_\_

Estimate total potential AODD pump sales at this account (\$):

Less than \$ 1000 : \_\_\_\_\_

1000 – 5000 : \_\_\_\_\_

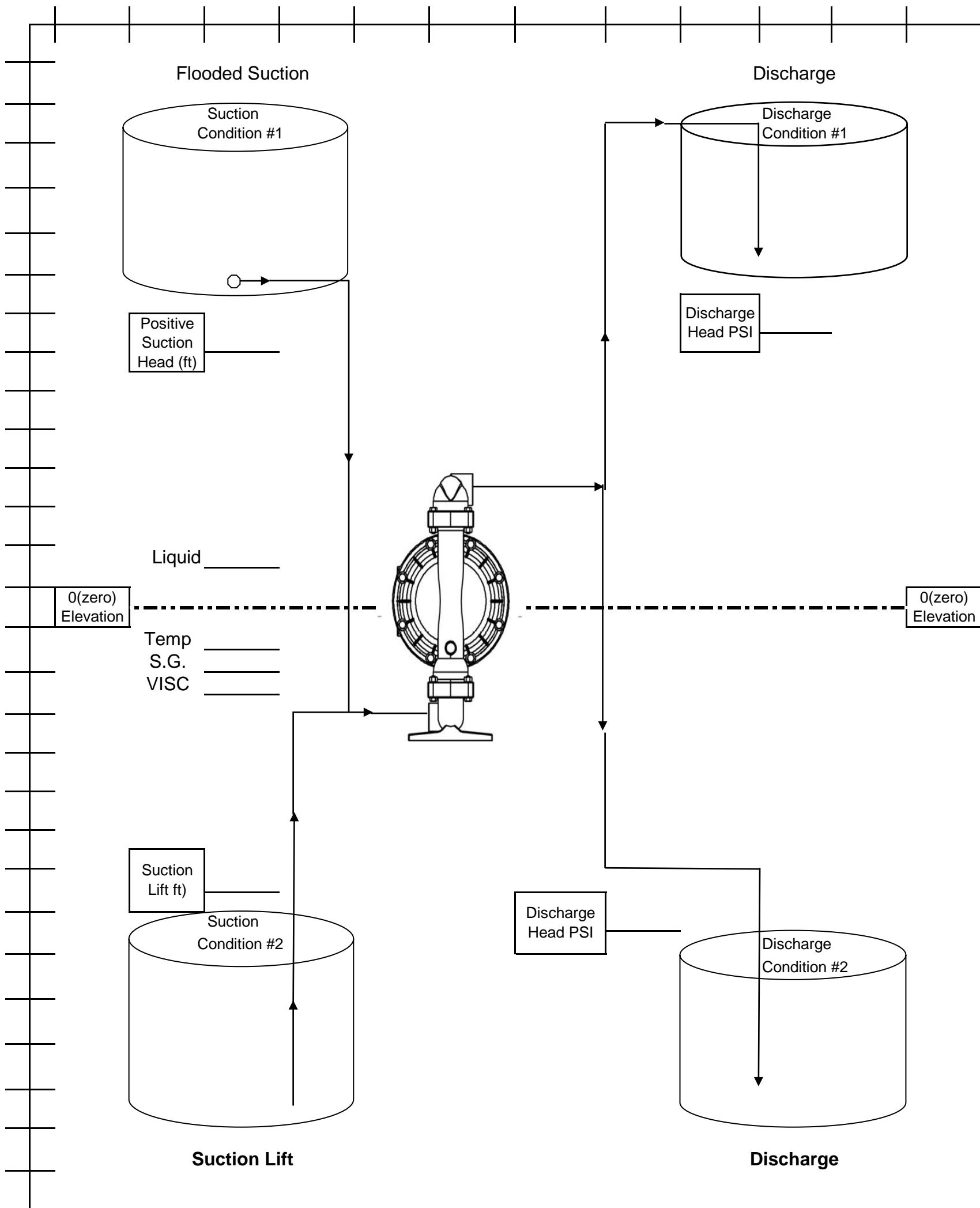
5000 – 10000 : \_\_\_\_\_

10000 – 25000: \_\_\_\_\_

25000 or more : \_\_\_\_\_

Don't Know : \_\_\_\_\_

Please provide application details on next page.



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<h2>Trial Pump Results</h2>
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Was the Trial Successful?      Yes \_\_\_\_\_      No \_\_\_\_\_

If not, how did it not meet the Terms of a Successful Trial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note: *If the Terms of a Successful Trial is not met, Distribution must complete and return this this page at the end of the trial period or an invoice will automatically be generated.***

**Please Submit form to:** [apptech.warrenrupp@idexcorp.com](mailto:apptech.warrenrupp@idexcorp.com)

Signature \_\_\_\_\_

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

Approved \_\_\_\_\_

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

<b>For IDEX AODD Use Only</b>			
Inventory Transaction Number:	<input type="text"/>	Date:	<input type="text"/>
IR Number:	<input type="text"/>	Date:	<input type="text"/>
Invoice Number:	<input type="text"/>	Date:	<input type="text"/>