

# QUOTE REQUEST



FAX FORM **815.623.6620**

## 1. YOUR INFORMATION

Contact Person \*

Title

Company Name \*

Address \*

Address 2

City \*

State/Province \*

Zip \*

Phone \*

Email \*

## 2. PART INFORMATION

Part Number

Description

Revision Letter

Quantity

Material

Hardness

Will blanks be supplied?

Is this request urgent?

Other quote information