



Quoting Criteria

COMPANY NAME _____

PRODUCTS MANUFACTURED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

PART NAME _____ PART NO. _____

ANNUAL REQUIREMENT _____ QUOTE QUANTITIES _____

IS PART PRESENTLY IN PRODUCTION: YES NO QUOTE DUE DATE _____

PRESENT MATERIAL _____

CURRENT/TARGET PRICE _____

SPECIAL MATERIAL PROPERTIES REQUIRED (MAGNETIC, ELECTRICAL, WEAR, ETC.) NOTE: IF NON-STANDARD, PLEASE SEND SPEC.: _____

PRESENT METHOD OF MANUFACTURE (MACHINING OPERATION, CASTING, ETC.): _____

WHAT FINISH OPERATIONS IS CUSTOMER TOOLED FOR AND WILLING TO PERFORM IF NECESSARY (DRILL, TAP, ETC.): _____

WHAT DIMENSIONS AND TOLERANCES ARE CRITICAL: _____

IF NECESSARY, WHAT AREAS CAN BE RE-DESIGNED: _____

IS HEAT TREAT REQUIRED: YES NO HARDNESS LEVEL _____

TEST/INSPECTION REQUIREMENTS _____

COMMENTS: _____

DATE: _____