



Ultra-High Pressure Waterjet Cutting and Cleaning Services

CUSTOM FABRICATION SHOP CUSTOMER REQUEST FOR QUOTE

PAGE/PAGES: _____
DATE: _____

COMPANY NAME: _____
 CUSTOMER NAME/PERSON PLACING ORDER: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ E-MAIL: _____

DESCRIPTION OF MATERIAL TO BE WATERJET/ABRASIVEJET CUT:

QUANTITY REQUESTED: _____ EACH
 PART NUMBER IF AVAILABLE _____
 PLEASE ATTACH DRAWING, SKETCH OR ELECTRONIC FILE OF REQUESTED ITEMS.

WILL THE CUSTOMER PROVIDE THE MATERIAL TO BE WATERJET/ABRASIVEJET CUT? YES/NO
 IF YES, WHEN WOULD MATERIAL BE AVAILABLE FOR DELIVERY TO CHUKAR WATERJET? _____
 IF NO, DO YOU HAVE A POINT OF CONTACT FOR PROCURING THE MATERIAL? YES/NO
 POINT OF CONTACT: _____
 PHONE: _____
 OR FAX: _____
 OR E-MAIL: _____

<p>FOR OFFICE USE: REQUEST FOR QUOTE RECEIVED AT CHUKAR WATERJET BY: _____ DATE: _____ DATE QUOTE RETURNED TO CUSTOMER: _____ DATE: _____ QUOTE NUMBER ASSIGNED: _____</p>
