



To ensure the most accurate quotation, please fill out this form in its entirety. Please Fax to 408-943-1063 along with drawings, etc. We respect your privacy, and any information you provide us will only be used by Machine Applications Technology, Inc. You will receive most quotations in 1-3 business days. If you need it sooner, please call us and we will expedite your quotation. We provide all quotations per Machine Applications Technology, Inc.'s

Information noted with an asterisk is required to provide an accurate quotation

Contact Information

| | |
|-------------------------------|--|
| *Company Name: | |
| Company Mailing Address: | |
| | |
| | |
| *Contact Name: | |
| *Telephone and Extension: | |
| *Fax: | |
| *E-mail to send quotation to: | |
| Web Address: | |

Quotation Information

| | |
|---|---------------------|
| Date Quotation Needed By: | |
| *Delivery Schedule: | One Time |
| | Multiple Deliveries |
| | Blanket Order |
| Target Delivery Date(s) | |
| *I would prefer to receive my quotation by: | Fax |
| | E-mail |
| | US Mail |

Part Information

| | |
|-----------------------------------|--|
| *Part Number and Revision: | |
| Part Name: | |
| *Quantity or Quantities to Quote: | |
| Unit Cost Target(s): | |
| Special Notes: | |

| | |
|-------------------------------------|-----------------------------------|
| | |
| | |
| Name(s) of Drawing/Process Print(s) | |
| *Please quote this part number: | Complete per print |
| | Complete per print less (specify) |
| | Material and machining only |
| | Machining only |

Packaging and Shipping

| |
|---|
| Please describe any special packaging requirements: |
| |
| |
| We normally prepay and bill shipping charges as a separate item, unless you want to use your own shipping company. Please indicate your preferred shipping method, if applicable: |
| Would you prefer to have the cost of shipping included in the unit cost? |

Other Information

| |
|---|
| Please list any other pertinent information here: |
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