

# PARTS REQUEST FORM



3055 OSGOOD COURT  
 FREMONT, CA 94539  
 TEL 510.257.3200  
 FAX 510.952.4484  
 info@clancymachinetool.com  
 clancymachinetool.com

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**BILL TO:**

Customer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**SHIP TO:**

(If different from Bill To)

Customer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**PLEASE FILL OUT COMPLETELY**

Machine Make / Model:	Serial #:
Is machine down? <input type="checkbox"/> YES <input type="checkbox"/> NO	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No

Qty.	Part #	Description	NOTES:
Qty.	Part #	Description	
Qty.	Part #	Description	
Qty.	Part #	Description	

Part Requested By: Customer OR CMT Tech (circle one) Work Order # \_\_\_\_\_

CMT Tech Name: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

PART TO COME OUT OF: <u>SUPPLIER</u> <input type="checkbox"/> Yes		<u>CMT INVENTORY</u> <input type="checkbox"/> Yes	
Vendor Name:		Checked out by:	
Phone Number:		Re-order Date:	
Quoted By:		PO #	