

Contract Sales/Request for Quote Questionnaire

Orders cannot be received into system until the information/corrections are made, signed and returned via fax to Akron Steel Treating (330) 773-8213

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

CONTACT PHONE: _____ FAX: _____

CONTACT E-MAIL: _____

PURCHASE ORDER NUMBER: _____

ENGINEERING STANDARD: _____ REV. LEVEL _____

PART NUMBER: _____ PART SIZE _____

PART DESCRIPTION:* _____

*Please send a print to mattmoldvay@akronsteeltreating.com or fax to (330) 773-8213.

PLEASE COMPLETE THE REQUIRED INFORMATION IF NOT ON STANDARD

o MATERIAL TYPE _____ o MATERIAL HARDNESS _____

o CASE DEPTH _____ o EFFECTIVE CASE DEPTH ☐ Yes ☐ No

o CORE HARDNESS _____ o FLATNESS REQUIREMENT _____

o CERTIFICATION REQUIRED _____ o CHARTS REQUIRED _____

o TOOLING REQUIRED _____ o PIECE COUNT _____

o JOB WEIGHT _____ o DELIVERY DATE _____

o PACKAGING _____ o BLAST _____

o BLACK OXIDE _____ o PRICE _____

o OTHER _____

PLEASE REVIEW THE ABOVE ADDITIONS/CORRECTIONS, SIGN, DATE AND RETURN.

THANK YOU,

APPROVED BY

AKRON STEEL TREATING

SIGN

PRINT NAME

DATE: _____

DATE: _____