

DEXMET Customer Communication Form (CCF)

Customer: _____ Date: _____

Address: _____ Cust. Called: _____

_____ Rep. Called: _____

Email: _____ Dexmet Called: _____

Name: _____ Source: _____

Telephone: _____ Fax: _____

Application Details: _____

P/N or Configuration: _____ Alloy: _____

Size & Quantity: _____

Delivery Date Required: _____ P.O.#: _____

Action Required: _____

Send Sample:

Send Literature: FM DM MR

Send Quote: