



We require you to answer the following Questions below so that we can process your quote based on the information you provide. If you have numerous types of material, provide weight and material type for each part number. Incomplete forms will not be processed. 

1. Part Number & Description:

- 1.)
- 2.)
- 3.)
- 4.)

2. Quantity of Parts:

- 1.)
- 2.)
- 3.)
- 4.)

3. Weight of each part:_____ (or) Total weight of the Order: _____

- 1.)
- 2.)
- 3.)
- 4.)

4. Do parts need to be kept separate during process? Yes No (If Yes, how many lots/batches?) _____

5. If quoting multiple parts with various quantity increments, would you like each part number kept separate with its individual increments on one estimate? Yes No (or) would you like each part number with each same increment placed on one estimate so that all parts are considered "one batch" and can all be run together as an order? Yes No

6. Material: 1018 1020 1045 12L14 4130 4340 8620 Cast Iron A-2
 0-1Tool Steel D-2 300 Series 17-4 400 Series 18-8 Brass Copper Invar
 Other Material not listed (Specify Material) _____

7. Are parts Heat Treated or Case Hardened? Yes No

8. Do parts have any type of existing plating, Rust or Paint? Yes No (i.e.: zinc, black oxide, chrome, nickel) **If "YES"** please indicate what finish is on the parts _____

9. Do parts need to be handled with extra care/fragile/special instructions? Yes No (If yes, Explain)

10. Do parts have Close Tolerances? ? Yes No (If yes, Explain)

11. Do you require Certifications? Yes No (**List Mil Spec**) _____

12. Type of Finish Required? Sandblasting Passivation Strip Finish Only Black Oxide
 Other (Please specify if multiple finishes) _____

13. Post Treatment: Oil No Oil Light Oil Finish Wax
(Choose one of the above post treatments or the standard oil finish will be quoted)

14. Packaging & Shipping Instructions: Standard packaging (**Extra charge for any selections below**)
 Wrap Parts Individually Package ea part in plastic bags Separate Parts with Paper
 Other _____

15. Do you want us to deliver & Pickup? Yes No if yes, provide the address if it is different than the one listed below. Is this address a Business or Residential?

16. Expedite Service Required? Yes No (If Time Sensitive indicate Date Required) _____

Please mention Special Instructions here:

17. Company Name: _____

18. Point of Contact Person: _____

19. Billing/Shipping Address: _____

20. City/State/Zip: _____

21. Phone Number: _____

22. Fax Number: _____

23. E-mail Address: _____

Email or fax questionnaire to: **monica@sli-bos.com** fax: **760-744-2905**

Incomplete information will result in placing your request on HOLD until the completed information is provided. Quotes are calculated based on your responses. Make sure you answer all questions so that we can supply a correct cost.

Thank you for your cooperation and opportunity to quote this job. We will get back to you as quickly as possible.