

MAKE COPIES OF THIS MASTER FORM FOR YOUR USE.  
PLEASE ALLOW 24 HOURS FOR RESPONSE

**SPECIAL  
REQUEST**

**FAX**  TO

**OPTIMUS**

FAX NO: 901-259-1174

Company Name \_\_\_\_\_

Date \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax No. \_\_\_\_\_

**I Need a Part I Can't Find in Your Catalog**

| Qty.                                      | Mfg. Name |
|---|-----------|
| Mfg. Part Number                          |           |
| Description                               |           |
|   |           |
| This is a part of what product?           |           |
|   |           |
|   |           |
| <b>OFFICE USE ONLY</b>                    |           |
| <b>ATTENTION:</b> _____                   |           |
| Part Available? _____                     |           |
| Price _____                               |           |
| Optimus Item# _____                       |           |
| Stock Item or Special Order _____         |           |
| Lead Time _____                           |           |
| Are these items returnable? Y_____ N_____ |           |
| Comments: _____                           |           |
|   |           |

| Qty.                                      | Mfg. Name |
|---|-----------|
| Mfg. Part Number                          |           |
| Description                               |           |
|   |           |
| This is a part of what product?           |           |
|   |           |
|   |           |
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|   |           |