

Fax: 240-235-7090/240-252-3529  
Email- [sales@ptimd.com](mailto:sales@ptimd.com)

# REQUEST FOR QUOTE

---

- Please complete the RFQ form below and fax it to the number listed above
- Please include any additional information such as Drawings and Pictures of Part and Existing Tooling required for Quotation Submittal

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Phone Number:** \_\_\_\_\_

**Company Fax Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

## Information Needed for an Accurate Quotation:

Part Number: \_\_\_\_\_

NSN: \_\_\_\_\_

Part Description: \_\_\_\_\_

Quantity Required: \_\_\_\_\_

End Destination: \_\_\_\_\_

End User: \_\_\_\_\_