



CHECKLIST



May-09

For: Regular Orders

Date: ____ / ____ / ____

1. Customer Name: _____

Cust. #: _____

Contact Person: _____ Ext.: _____

Billing Company: _____

Ship To: _____

P.O. #: _____

Tel. #: (____) _____

Fax #: (____) _____

E-mail: _____

2.

Item #	Qty	Part Description	Comments	Target Price

3. IF DETAILS UNKNOWN: Key questions to ask customers

O.D. (Outside Diameter)				Number of Grooves				
What type of V-belt	1/2" A/4L <input type="checkbox"/>	21/32" (5/8) B/5L <input type="checkbox"/>	3/8" 3V <input type="checkbox"/>	5/8" 5V <input type="checkbox"/>	7/8" C <input type="checkbox"/>	1" 8V <input type="checkbox"/>	1-1/4" D <input type="checkbox"/>	1-1/2" E <input type="checkbox"/>
Shaft Diameter				Bored to size <input type="checkbox"/> Bushed type <input type="checkbox"/>				

4. Additional Possibilities:

Item #	Other Supplier:	Industry Application:	
	Competitor Part #:	Volume Order:	Blanket Order:
	Replacement Part <input type="checkbox"/> OR New Project <input type="checkbox"/>	Existing Business <input type="checkbox"/>	

5. Shipping Details

Pick-up PPD Carrier: _____

Collect Carrier: _____ Account #: _____

PPD & charge Carrier: _____