

Customer Inquiry

Customer: _____ **Contact:** _____

Phone: (____) -- ____ -- _____ **Fax:** (____) -- ____ -- _____

Email: _____

Quote ____ **Order** ____ **Problem** ____ **Other** ____

Characteristics: Part ____ DV ____ Tap ____ Knife ____ Motor Drive ____ Network ____ Other ____

Environment: Transformer Oil ____ Silicone ____ Air ____ Other _____

Type: Rotary ____ Bridging ____ Selector ____ **Index Plate:** No. ____ Ltrs. ____ Other _____

Decks: ____ **Positions:** ____ **Amps:** ____ **KV:** ____ **BIL:** ____ **Points:** ____

Quantity: _____

Quality Switch Drawing # _____ **Customer Drawing #** _____

Quality Switch Part # _____ **Customer Part #** _____

Customer P.O. # _____

Quality Switch Quote # _____

COMMENTS:

Other: