

Please fill in the below information as complete as possible to quickly receive the most accurate quote possible. *Standard JCP tolerances are shown. If tighter tolerance required please note on drawing or "Comments" section below.

Company Name:

Date:

Company Type: Distributor

End User

Sales Rep:

Quoting Contact Name:

Email:

Technical Contact (if possible):

Email:

Phone:

Fax:

Preferred contact method: Email

Phone

Fax

If **NEW** customer please fill out below:

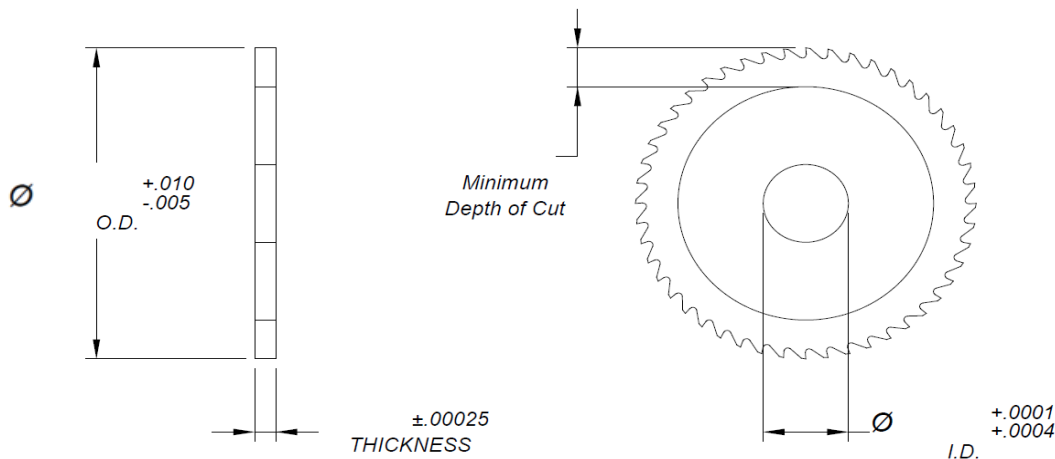
Requesting terms account? : Yes*

No

Later

*An account application will be emailed

* All orders will be credit card until terms are approved



Tool No:

JCP assigned

Material to be cut:

Number of teeth:

JCP*

*indicates JCP recom. / std.

Tooth configuraion: Straight

Alt. Tooth

Other

Saw form: Straight

Corner Rad

Full Rad

Chamfer

Angle

Other

Coating:

JCP*

Quote w & w/out

Quantities to quote:

JCP*

Comments: (saw form details, finish requirements, issues with current tool, areas of concern, delivery target, cost target, etc.)