



1) Customer Name: _____
Address: _____
City: _____
State: _____
Phone: _____
Fax: _____
E-Mail Address: _____

2) Product Mfg: _____

3) Tool Population Estimates:

Pneumatic Tools

Impacts _____
Grinders _____
Drills _____
Chipping Hammers _____
Pulse Guns _____
Nutrunners _____
Screwdrivers _____
Rivet Guns _____
Hoists _____
Band Saws _____
Pumps _____

Houston Office:
1153 Brittmoore
Houston, Texas 77043
713-722-8501 Fax 713-722-8218

Dallas Office:
320 Westway Place #550
Arlington, Texas 76018
817-419-8649 Fax 817-419-8674



Electric Tools

Nutrunners

Screwdrivers

Grinders

Drills

Band Saws

Rotary Hammers

Mag Base Drills

Hydraulic Equipment

Pumps

Torque Wrenches

4) Current Tool Repair Method:

In-House

Out-Side Source

5) Current Calibration Method:

In-House

Out-Side Source

6) Preventative Maintenance:

In-House

Out-Side Source

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7) Existing Issues/Opportunity for Improvement:

Turn-Around Time _____
Quality Repairs _____
Related Services _____
Related Expenses _____
Others, please explain _____

8) Related Services Needed:

Airline Maintenance (Plumbing) _____
Filter, Regular, Lubricator Mtce. _____
Hoist Mtce. _____
Manipulator/Lift Assist Mtce. _____
Rail Mtce. _____

7) Estimated Monthly Expenses:

Labor \$'s _____
Parts \$'s _____
Administrative \$'s _____



8) **Desired Program:**

On-Site Repair	_____
Off-Site Repair	_____
Complete Tool Management	_____
Other, Please Explain	_____

Thank you for your interest. A salesman will be following up with an initial proposal to meet your needs listed above. Please complete this form and return by fax to 713-722-8218.

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