



Connecticut Spring & Stamping

# Request for Quotation

\* Required Fields

|  |           |                          |                          |                                       |                        |
|--|-----------|--------------------------|--------------------------|---------------------------------------|------------------------|
| Today's Date:  |           |                          |                          |                                       |                        |
| *Company:  |           |                          |                          |                                       |                        |
| *Address 1:  |           |                          |                          |                                       |                        |
| Address 2:   |           |                          |                          |                                       |                        |
| *City:   |           | *Province/State:         |                          |                                       |                        |
| *Postal Code:  |           | *Country:                |                          |                                       |                        |
| *Contact Name/Title:                                     |           |                          |                          |                                       |                        |
| *Phone:  |           | Extension:               |                          |                                       |                        |
| Fax:   |           | Email:                   |                          |                                       |                        |
| Website:   |           |                          |                          |                                       |                        |
| * Part Number(s)   | *Revision | * Quantity               | * No.Of Shipm.           | * Over No. Of Mths.                   | * First Delv. (m/d/yy) |
|  |           |                          |                          |                                       |                        |
|  |           |                          |                          |                                       |                        |
|  |           |                          |                          |                                       |                        |
|  |           |                          |                          |                                       |                        |
|  |           |                          |                          |                                       |                        |
| <b>Special Requirements:</b>                             |           |                          |                          |                                       |                        |
| *Quotation Due (m/d/yy):                                 |           |                          |                          |                                       |                        |
| How did you hear of us?                                  |           | <input type="checkbox"/> | <input type="checkbox"/> | Other                                 |                        |
|  |           | Website                  | Trade Show               |                                       |                        |
| <b>Send your request with attached blue print(s) by:</b> |           |                          |                          |                                       |                        |
| Fax # 860.677.6008 or Email                              |           |                          |                          | <input type="button" value="Submit"/> |                        |

48 Spring Lane, Farmington, CT 06034  
 860.677.1341 • Fax 860.677.7199  
[WWW.CTSPRING.COM](http://WWW.CTSPRING.COM)