

Part Marking Request

CUSTOMER

Date _____
Contact* _____ Phone* _____
Company* _____ Fax _____
Address _____ Email* _____

* Required, must be filled out

REQUEST

Part description: *(material, surface, quality, temperature, etc)* _____

Mark Description

Spot: Size _____

Stripe: Length & Width _____

Text: Lines _____ Character Size _____ Mark Location _____

Bar Code

Reason for Marking _____

If bar code or text, specify info request _____

Equipment: Contact Non-Contact Inkjet

Ink Required: Color _____ Dry Time _____

Instructions: If there is any process prior to marking, please send parts to be marked in that state.
Send at least 2 parts and if currently, marking, send us the part with that marking.

Digital Picture Requested: Yes No

Customer authorizes DMS to keep a sample part: Yes No

Comments: _____

COMPLETION

Sales Rep Contacted Before Shipping Digital Picture Taken

Remarks:

Date Requested _____ By _____

Date Completed _____ By _____

Date Shipped _____ By _____

Form Completed By _____ Date _____



DELL MARKING SYSTEMS, INC.

721 Wanda • Ferndale MI 48220
248 547 7750 • Fax: 248 544 9115
www.dellid.com

ISO 9001:2000
Certified Company