

# Part Marking Request

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## CUSTOMER

Date \_\_\_\_\_  
Contact\* \_\_\_\_\_ Phone\* \_\_\_\_\_  
Company\* \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Email\* \_\_\_\_\_

\* Required, must be filled out

## REQUEST

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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

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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.**

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ISO 9001:2008  
Certified Company