

WEST COAST GASKET CO.

QUOTE REQUEST FORM

DATE: _____

CUSTOMER ID: _____

COMPANY: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ E-MAIL: _____

Please answer the following to best allow us to serve you:

PART NUMBER: _____

QUANTITY: _____

MATERIAL(S): _____

THICKNESS: _____

OVERALL SIZE: _____

PREFERRED DELIVERY DATE: _____

DESCRIPTION : _____

(or attach drawing) _____

INSTRUCTIONS: _____

(Laminating, adhesive, packaging, etc.) _____

West Coast Gasket Co.

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Tell. (714) 869-0123 • Fax. (714) 869-0122 • www.westcoastgasket.com