

Please complete the form as completely as possible — we understand that not all information will be applicable or available. If needed, feel free to use additional blank sheets. Send your request by e-mail to info@tac.us or fax to 815 962-4600.

Your Name:..... Title/Department:.....

Company:.....

Telephone:..... Fax:.....

Address:.....

E-mail Address:.....

Description of the Replacement Part

Part Name:.....

Generic name of part (e.g. electric motor, pump).

Part Number:..... Serial Number:.....

Part Manufacturer Name:.....

Other Manufacturer Information:.....

Part nameplate information or other additional details:

Where the Part is Used

The part is used for / on:.....

Function of the part (e.g. tank return valve) and process or type of equipment that the part is used in or on (e.g. machining center, baking oven).

Machine or equipment manufacturer name:.....

Model number:..... Serial number:.....

Other Manufacturer Information:.....

Please make additional copies of this sheet if needed.