DEXMET Customer Communication Form (CCF)

Customer: _____   Date: _____

Address: _____   Cust. Called: _____

_____   Rep. Called: _____

Email: _____   Dexmet Called: _____

Name: _____   Source: _____

Telephone: _____   Fax: _____

Application Details: _____

_____

_____

_____

P/N or Configuration: _____   Alloy: _____

Size & Quantity: _____

Delivery Date Required: _____   P.O.#: _____

_____

_____

_____

Action Required: _____

_____

Send Sample: ☐   Send Literature: FM   DM   MR   Send Quote: ☐