ADVANCED ORDERING FORM

Please return to: **CHRISTIANSTED EQUIPMENT, LTD.**
P. O. BOX 1567 (KINGSHILL)
CHRISTIANSTED, ST. CROIX,
U.S. VIRGIN ISLANDS 00851-1567
(340) 692-7264 • FAX (340) 692-3188
www.chrisequip.com

TOOL REQUEST SHEET

REQUEST # _____

CUSTOMER NAME: _____

CUSTOMER SUPERVISOR: _____

CUSTOMER COMPANY: _____

CUSTOMER BADGE #: _____ CUSTOMER WORK ORDER #: _____

RESPONSIBLE COMPANY: _____

SALE: Y / N RENTAL: Y / N JUSTIFICATION: _____

EXPECTED USAGE: _____

_____

Would you recommend to be a stock item? YES NO

If yes, why? _____

DATE NEEDED BY: _____

EST. DELIVERY DATE: _____ EST. FREIGHT COST: _____

Note: **ALL AIR FREIGHT REQUESTS MUST BE APPROVED BY A DEPARTMENTAL VICE PRESIDENT BEFORE ORDER IS PLACED. NO EXCEPTIONS.....**

QTY	DESCRIPTION	UNIT PRICE

CE COMMENTS ONLY: _____

_____

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