



Your Partner in Precision Gearing, Machining and Assembly

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SUPPLIER INFORMATION REQUEST SUPPLIER NAME: 		USE ONLY ONE PART NUMBER	Gear Tech Lot No
			DRAWING TITLE
			PART NUMBER
			PART REVISION
PURCHASE ORDER NUMBER (MULTIPLE PO NUMBERS MAY BE USED)	LINE ITEM NUMBER	QUANTITY	AFFECTED S/N's (if applicable)
THE FOLLOWING CONDITIONS AFFECT THE SUBJECT PARTS OR DRAWINGS INDICATED HEREWITH:			
SUPPLIER: _____ ADDRESS: _____ <u>City, ST ZIP</u> CONTACT: _____ PHONE: _____ FAX: _____ E-MAIL: _____ PROCUREMENT AGENT(S): Gear Tech. purchasing Department			
GEAR TECH TO ISSUE A CORRECTIVE ACTION: No _____ (if applicable) DATE ISSUED: _____ ISSUER: _____			