Wear Plate Cut-to-Length Request Form

Please complete all applicable fields to ensure accurate processing and email to:
Customer_Service@dme.net

Customer Name:
Company Name:
Email Address:
Phone Number:
Purchase Order Number:
Requested Deliver Date:

Part Request Details

Part Number:
Part Description (optional):

Cut Requirements

Requested Length (inches):
Quantity Required:
Multiple Lengths ? Yes ☐ No ☐

If Multiple Part Numbers, Please List Below

Quantity	Part	Length	Note

Notes:

Thank you for your request