



## REQUEST A QUOTATION FORM

To request a quotation, please complete the following information, which will expedite your quote request and provide us with necessary information to better suit your requirements:

First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

### **Planar or Round Targets:**

Material(s): \_\_\_\_\_

Wt%, At%, or MOL%: \_\_\_\_\_

Quantity: \_\_\_\_\_

Purity Requirement: \_\_\_\_\_

L/W/Diameter: \_\_\_\_\_

Thickness: \_\_\_\_\_

Edge Requirements: Butt Joint:  Beveled:

Reclaim: Y / N

Comments: \_\_\_\_\_

### **Evaporation Materials:**

Material(s): \_\_\_\_\_

Wt%, At%, or MOL%: \_\_\_\_\_

Quantity: \_\_\_\_\_ Size: \_\_\_\_\_

Purity Requirement: \_\_\_\_\_

Pellets:  Powders:  Pieces:

Tolerance Specification: \_\_\_\_\_

Crucible Dimensions: L/W/H \_\_\_\_\_

CC:  Tools:

Reclaim: Y / N

Comments: \_\_\_\_\_

### **Cylindrical Targets:**

Quantity: \_\_\_\_\_

Material(s): \_\_\_\_\_

Wt%, At%, or MOL%: \_\_\_\_\_

Purity Requirement: \_\_\_\_\_

Backing Tube Size: \_\_\_\_\_

(ID x OD X Length)

Straight or Dogbone: \_\_\_\_\_

Finish: \_\_\_\_\_

End Fixation: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Backing Plates:**

Quantity: \_\_\_\_\_

Planar:  Round:

L/W/Diameter: \_\_\_\_\_

Thickness: \_\_\_\_\_

Material: \_\_\_\_\_

System Type: \_\_\_\_\_

Refurbishment: Y / N

Comments: \_\_\_\_\_