



Request for Quotation



Requester Name	<input type="text"/>	Date	<input type="text"/>
Company	<input type="text"/>	RFQ # (INTERNAL)	<input type="text"/>
Street Address	<input type="text"/>	Customer ID (INTERNAL)	<input type="text"/>
City	<input type="text"/>	Requested Due Date	<input type="text"/>
State	<input type="text"/>	Requester Email	<input type="text"/>
Country	<input type="text"/>	Requester Phone	<input type="text"/>
Zip Code	<input type="text"/>		

Invoice To

Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Zip Code	<input type="text"/>

Ship To

Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Zip Code	<input type="text"/>

Note or Special instructions

<input type="text"/>

Please use a separate RFQ form for each part number you want us to provide a proposal for.

Part Details

Customer Part No.	<input type="text"/>
Customer Part Name	<input type="text"/>
Qty. Required (Shells/Cores)	<input type="text"/>
Qty. Required (Cast Parts)	<input type="text"/>
Estimated Annual Volume	<input type="text"/>
CAD File Name(s) Included (Preferred - STEP AP203/AP214, .x_t, .x_b, IGES)	<input type="text"/>
Alloy Specification for Cast Part(s)	<input type="text"/>
NDT Inspection Requirements (If applicable)	<input type="text"/>
Metallurgical Requirements (If applicable)	<input type="text"/>
Mechanical Properties (If different from Alloy Specifications)	<input type="text"/>
Heat Treatment Requirements (If applicable)	<input type="text"/>
Finishing Requirements (If applicable)	<input type="text"/>
Dimensional Tolerance Requirements (Mention features in the part with tight tolerances)	<input type="text"/>

Thank you for reaching out to us for your casting needs.

If you have any questions, please contact
DDM Sales: +1-470-225-6987 | rfq@ddmsys.com