

# Inquiry Form



In order for us to provide you with the best professional hydraulic services available, we request that you complete as much of the information below as possible. Your time to fill this out will be appreciated and beneficial. It will allow us to determine the type of product and service literature to send you and secure the optimal discounts associated with your potential business volume. We have designed this form for an easy response. Thank you for your assistance in completing this information. Please fax this form to (540) 337-4901 or mail to ServoCon ALPHA, 167 Expo Road, Fishersville, Virginia 22939.

## Billing Address

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State and ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Shipping Address

Please check here if same as billing address

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State and ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Equipment in Service

Component Name: \_\_\_\_\_ Product Model Number: \_\_\_\_\_  
Manufacturer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State and ZIP: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Quantity Needed: \_\_\_\_\_ Delivery Date Requested: \_\_\_\_\_

## Machine Description

Machine Name: \_\_\_\_\_  
Manufacturer's Name: \_\_\_\_\_ Manufacturer's Model: \_\_\_\_\_  
Manufacturing Date: (approximately) \_\_\_\_\_

## Needed (Please check the options that apply)

- New unit only  Will consider a replacement  
 Will consider a remanufactured unit  Want a trade-in allowance  Service