CNC Parts Department

Phone 888-FANUC-US (888-326-8287), option 211

Fax: (847) 898-5021

E-mail: cnc.parts@fanucamerica.com



New CNC Customer Information Form

Please fill in the fields on this form using your computer, and submit the form via email using the button at the bottom. You can also save a copy of this form to your computer.

CUSTOMER INFORMATION / BILLING A	ADDRESS:		
*Company Name:			
*Billing Address:			
			*County:
*Phone:	*Fax:	*Webs	site:
*Invoice & Statement Email:			
SHIPPING ADDRESS:			
*Same as Billing Address: No Ye	es (if no, fill in ship	ping information)	
Shipping Address (1):			
City:			County:
Shipping Address (2):			
City:			
COMPANY INFORMATION:			
		·	Retrofitter Service Co. Other
*Industries Served (e.g. Medical, Autom	notive, Aerospace, e	tc.):	
*Are your end products Military, Defens	se or Nuclear relate	d?: □No □Yes	
If you would prefer your quotation be se	ent immediately, ple	ease include your part nur	mber and quantity:
1. Part #:		Quantity:	
2. Part #:		Quantity:	
3. Part #:		Quantity:	
*Will the items purchased be for resale	e?: □No □Yes		
*Will you be exporting the items?: $\square N$	lo □Yes To wha	countries?:	
CONTACT INFORMATION:			
*Contact Name:		*Tit	le:
*Phone:			nail:
Note: Return this form with any resale or tax are on COD terms, with the option to pay by m obtained, you may request a credit application	exempt certificates to ajor credit card, until t	the fax number or email addrotal sales have reached \$5,000	1 1 3
Note: Fields with an "*" are required.			
Do not fill in this section, for FANUC America Thank you for your business!	a only. This form wil	l be sent back to you with you	ur FANUC America account number.



All rights reserved. ©2017 FANUC America Corporation PAA-026-EN_03_1705