

**Print this form, fill in your order & fax to:**

**Fax # +86-21-5048-4619**

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

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

City/State/ZipCode/Country: \_\_\_\_\_

Person Placing Order: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number where you can be reached: \_\_\_\_\_

(You will be contacted by a KMT representative with your pricing)

Part Number	Qty.	Part Description

**CHECK BOX FOR QUICK SHIP PROGRAM.**  
**NEXT DAY DELIVERY CHARGES WILL APPLY.**

**Total number of pages faxed:** \_\_\_\_\_

