



Product Identification Form

If you need help identifying items, complete this form and send it with your samples to us (label attached).
On receipt we aim to identify and offer a quotation by the next working day latest.

Customer Details

Name*	Address	Email Address*	Contact No.*

*required fields

Samples to be identified

Qty Required*	Description*	Bearing Revolution Part no. <small>(internal use only)</small>

Please note we now only accept credit / debit card and online payment

For internal office use only.

Staff Member:		Date / Time received:	/
Goods Identified: Y / N	Price Quoted: Y / N	Order Received: Y / N	Order complete: Y / N
Samples Returned to Customer:			

Bearing Revolution
Orleton Lane
Wellington
Telford
Shropshire
TF1 2BG

Product for identification