

Equipment Request

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CONTACT INFORMATION

Company Name:					
Contact Name:					
Phone:	Fax:				
Email:					
Address:	City:	State:	Zip:		

MACHINERY REQUEST FORM

Type Of Ma	chinery Wan	ted:		
Manufactui	rer Requeste	d Or N	Nodel Number:	
New:	Used:			
Overall Length And Capacity:				
Voltage Required:				
Specification	on Or Descri	ption [Desire:	

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