



# BARRY CONTROLS

VIBRATION - SHOCK - NOISE

## SAMPLE REQUEST

\*RESPONSIBLE FOR FREIGHT

BARRY (2)

CUSTOMER (1)

CUSTOMER NUMBER \_\_\_\_\_  
 BARRY ORDER NO. \_\_\_\_\_

UPS \_\_\_\_\_  
 MAIL \_\_\_\_\_

UPS BLUE \_\_\_\_\_  
 UPS RED \_\_\_\_\_  
 FED X \_\_\_\_\_  
 ACT NUMBER \_\_\_\_\_  
 OTHER \_\_\_\_\_

\* BILLING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SHIP TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>* BARRY PART NUMBER</u>	<u>Quantity</u>	<u>\$ VALUE (OFFICE USE ONLY)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* APPLICATION-

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* CONTACT. \_\_\_\_\_ \* POTENTIAL \_\_\_\_\_  
 \*PHONE NUMBER \_\_\_\_\_ \* FAX NUMBER \_\_\_\_\_  
 \*PREPARED BY: \_\_\_\_\_ \* DATE: \_\_\_\_\_

LOCAL REP /SALES PERSON \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOTE: IN ORDER TO BE PROCESSED SECTIONS W/\* MUST BE COMPLETED