Appointment Request Form

Visitors to Anaheim Automation must have an appointment to meet with a member of the sales, marketing, purchasing or technical staff. This policy applies to all customers, vendors and prospects. If a customer has a product in need of repair, it may be dropped off with our receptionist or receiving clerk. Please fill out this form, and the receptionist will forward your request to the most appropriate employee.

The requestor will be notified by phone, fax, or email with the appointment confirmation within 36 hours. *Thank You!*

Company Information – please provide information below

Contact Name:	**Title:**
Company Name:	**Today's Date:**
Address:	**Dates Available:**
City/State/Zip:	**Best Time to Call:**
Phone: **Ext.:** **Cell:**	**Fax Number:**
Company's Web Site:	**Email:**

Briefly describe your reason for this appointment request: please check all that apply

Vendor Information:	**Customer Classification:**	**Current Customer:**
___ **Current Supplier** to Anaheim Automation ___ **Prospective Supplier** to Anaheim Automation	___**User** Account – Need Tech Help ___**Student /Teacher** (class project) Need Tech Help ___**Hobbyist –** Need Tech Help ___Existing **OEM Customer** – Need Tech Help ___Prospective **OEM Customer** - Need Tech Help	___Need to **Purchase** Product as soon as possible ___**Return/Repair/Replacement,** with a RMA#_____ ___**Return/Repair/Replacement,** but do NOT have a RMA assigned (see box below)

RMA# REQUEST (Return Materials Authorization) – please use one line for each product returned

Model Number	Description of Problem	Serial Number	Date Code

NOTE: Repairs are typically completed in approximately 10 business days.

NEW PURCHASE – use one line for each part number ordered – P.O. #_____

Model Number	Description of Product – such as motor, driver, controller	Quantity	Req. Date

Payment and Shipping Options – please choose from options below

VISA or MasterCard Number: Name on card: Expiration Date:	
___**COD: Check** ___**Net 30 Account** (**Established**) ___**Taxable** ___**Resale - Form on File**	**Shipping**: ___**UPS or** ___ **FedEx:** ___Ground __1-Day __ 2-Day __3-Day ___**Will Call**
If different than the Ship To information, provide Billing Address:	

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