

## CUSTOMER PREFERENCE LIST

Date: \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_

**Dear Customer,**

**Please complete the following questionnaire for you're your specific requirements. We strive to ensure our customers receive the best service.**

Customer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Department: \_\_\_\_\_

**Which Bearings do you prefer?**

SKF		FAG		NSK		Other(Specify)	
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**Motor Color:**

Hammer Tone Green	Signal Red
Electric Orange	Hammer Tone Green
Battleship Grey	Midnight Blue
Midnight Blue	Electric Orange
	Battleship Grey
Other (Specify)	Other (Specify)

**Do you make use of an internal unique job number?**

YES	NO
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**If yes, please specify:**

**Would you prefer other colors on your pumps/motors?**

**Please Specify:**

Single Phase	Three Phase
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**Please complete the following for emergency's / breakdowns (After Hours / Weekends)**

Contact Person: \_\_\_\_\_

Cell no.: \_\_\_\_\_

Other contact no.: \_\_\_\_\_

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

**We thank you for your loyal support. You are a valued customer. Please attached additional documents for other requirements not mentioned above.**

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**Signed:**