

**Advance Components**

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# Request Samples

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR P/N: \_\_\_\_\_ MFR. P/N: \_\_\_\_\_

QUANTITY: \_\_\_\_\_ MFR NAME: \_\_\_\_\_

SHIP DATE: \_\_\_\_\_ TARGET PRICE/M: \_\_\_\_\_

## Enter Part Description

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Please fax this form back to us at 972 242 3090. Thank you.