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Electronic Source Company

CUSTOMER ORDER FORM

1) Please include a hard copy of this form with each kit.

Customer:

Job Contact:

Shipping Address:

Phone #: []

Fax #: []

E-Mail: []

2)

Assembly #:

P.O. Number: []

P.O. Date: []

Is the kit complete: Yes

No – If No, should the job be run short the missing parts? Yes (Specify in Section 3)

No

Date Kit complete at ESC: []

Expected Shipping: 1) Date:

Qty:

2) Date:

Qty:

Service Required: Assembly

Other:

Is this a:

Repeat Job; if so, please verify Revision: []
(If Repeat Job, skip below and go to section 3)

Revision Change (Please fill Revision Information below)

New Job (Please fill Revision Information below)

Revision Information: Assembly Rev:

BOM Rev:

Blue Print Rev:

ECN: []

Has the following Data been provided?

Gerber – if PCB is panelized, is Gerber panelized? Yes

No

Placement/Centroid Data in Excel or ASCII format

BOM in Excel or ASCII format

3) Special Manufacturing Instructions:

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