Request Form

Procedure: *Fill out the worksheet and fax to 913-894-8513 for a request to produce information on InkCyle products*

Person Requesting Information:		**Date:**			**Inkjet or Toner?**		**Toner**		
Name:					**Part #**				
Company Name:					**Date Parameters From:**				
Reason for Request:					**Date Parameters To:**				
Cartridge type:		**QTY Sold:**		**Qty Returned:**		**Actual Defects:**		**%**	
Cartridge type:		**QTY Sold:**		**Qty Returned:**		**Actual Defects:**		**%**	
Cartridge type:		**QTY Sold:**		**Qty Returned:**		**Actual Defects:**		**%**	
Cartridge type:		**QTY Sold:**		**Qty Returned:**		**Actual Defects:**		**%**	
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Cartridge type:		**QTY Sold:**		**Qty Returned:**		**Actual Defects:**		**%**	