# ALL-MAKES PARTS INQUIRY FORM

**Return Fax: (877) 358-1507**
**or**
**E-Mail: unisource@smhco.com**

Dealer Name: _____ Date: _____

Dealer Location: _____ ☐ Invalid Cross ☐ Quality

Dealer Code: _____ ☐ Price Investigation ☐ IRMN Content

Phone: _____ ☐ Other: _____

Fax: _____ SMH Pkg. Slip #: _____

E-Mail: _____ Dealer P.O. #: _____

Contact: _____ NMHG S.O. #: _____

Order Date: _____

Comments: (Please provide detailed information so we may fully investigate)