



## PRODUCT INQUIRY

Please contact us to discuss your application, or complete the form below and we will contact you during business hours.

NAME		COMPANY		
ADDRESS		CITY	STATE	ZIP
PHONE	FAX	EMAIL		
TITLE				

### PRODUCT DESCRIPTION

*Describe your project or application in detail below.  
Include dimensions, material grade (if known) and quantity.*

*Please send your completed form to*  
Email: **[inquiry@argosco.com](mailto:inquiry@argosco.com)**  
Fax: **508-828-5901**