

# Customer Furnished Material Authorization (CFM) Form



2265A Ward Avenue  
Simi Valley, CA 93065  
Ph: (805) 915-0200

The completion of this form is requested by Aveox, Inc.  
This will facilitate the identification & the tracking of your material.

Submit this form to our Customer Service Department  
by FAX 805-915-0350 or E-mail [sales@aveox.com](mailto:sales@aveox.com) to  
obtain a CFM number.

<b>CFM #:</b>	
<b>Date to be Shipped:</b>	
<b>Date Received:</b>	
<b>Aveox Project #:</b>	

<b>Date Requested:</b>	<b>Customer PO#:</b>
<b>Company Name:</b>	<b>Contact Name:</b>
<b>Address:</b>	<b>Phone:</b>
<b>City/State/Zip Code:</b>	<b>E-mail:</b>

<b>Part Description:</b>		<b>Total Quantity:</b>
<b>Aveox P/N:</b>	<b>Customer P/N:</b>	<b>Serial #:</b>
<b>Aveox P/N:</b>	<b>Customer P/N:</b>	<b>Serial #:</b>
<b>Aveox P/N:</b>	<b>Customer P/N:</b>	<b>Serial #:</b>

**Reason for Submittal (check all that apply):**

For Consumption, No Return Required	<input type="checkbox"/>
For Consumption, Return Unused	<input type="checkbox"/>
Calibration Required Upon Receipt	<input type="checkbox"/>
Calibration Required as Scheduled	<input type="checkbox"/>
Test/Fixture Equipment to be Maintained at Aveox	<input type="checkbox"/>
Test/Fixture Equipment to be Returned to Customer for Maintenance	<input type="checkbox"/>
Periodic Inventory Reports Required	<input type="checkbox"/>

**Please provide special instructions as required:**