



Tenibac-Graphion, Inc.

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SCRIBE REQUIREMENT SHEET

Clinton Twp, MI

Grand Rapids, MI

Shanghai, China

TOOL SHOP _____

TENIBAC JOB NO. _____

PART NAME _____

DATE RECEIVED _____

CONTACT _____

PROGRAM _____

EXPLANATION:

PHONE _____

**TOOLS REQUIRE SHUTOFFS & SCRIBES TO BE FULLY INDICATED BEFORE
TOOL IS DELIVERED TO TENIBAC.**

TOOL SHOP WILL PICK UP TOOL FOR SCRIBING

TENIBAC WILL SCRIBE TOOL WITH TOOL SHOP PERMISSION
(Not Responsible for Flash or Short Shots)

SIGNATURE _____ DATE: _____
(Tool Shop Authorization)

TENIBAC REPRESENTATIVE _____ DATE: _____