


Fill out one form for each project...

R E Q U E S T E D *b y*

	Quote # <input type="text"/> Date: <input type="text"/> Prepared by First Name: <input type="text"/> Last Name: <input type="text"/>
Company	<input type="text"/> Division of: <input type="text"/>
Contact:	<input type="text"/> Title <input type="text"/>
	Address: <input type="text"/> City: <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Phone:	<input type="text"/> Fax: <input type="text"/>
Email::	<input type="text"/>

PROJECT	<input type="text"/>
Project Name:	<input type="text"/> RFQ # <input type="text"/>
Quote Due Date: Response Type:	<input type="text"/> <input type="checkbox"/> Normal <input type="checkbox"/> ASAP <input type="checkbox"/> Urgent <input type="checkbox"/> FAX <input type="checkbox"/> Email
PO Release Date:	<input type="text"/> Ship Date: <input type="text"/>
Customer Budget: Project Funded:	\$ <input type="text"/> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To Be Justified
Competitive Bids	from: <input type="text"/>
MACHINE REQUIREMENTS	
Recycle Rate:	<input type="text"/>
Specifications:	<input type="checkbox"/> NO <input type="checkbox"/> YES Reference # <input type="text"/>
Chassis:	<input type="checkbox"/> IN-LINE <input type="checkbox"/> ROTARY <input type="checkbox"/> PALLETIZED <input type="checkbox"/> CAROUSEL Other Specify: <input type="text"/>
Assembly Method:	<input type="checkbox"/> FULLY AUTOMATIC <input type="checkbox"/> SEMI-AUTOMATIC <input type="checkbox"/> NUMBER OF MANUAL OPERATORS= <input type="text"/>
PRODUCT OVERVIEW	
Product Name:	<input type="text"/> Assembly # <input type="text"/>
# of Styles:	<input type="text"/> # of Sizes: <input type="text"/>
Product Description: & NOTES:	<input type="text"/>
	<input type="button" value="Submit"/> <input type="button" value="Reset"/>