

**REQUEST FOR QUOTATION**

Save this form to a location on your computer. Fill out the highlighted areas. You can advance to the next field using your "Tab" key.  
Save the form and email it to us. You can also print the form and fax or mail a copy to us.

**DATE:**

**QUOTATION REQUIRED BY:**

**RESELLER INFORMATION:**

Company:	Contact:
Address:	Title:
	Telephone:
	Fax:
	Email:

**END-USER INFORMATION:**

Company:	Contact:
Address:	Title:
	Telephone:
	Fax:
	Email:
Contact's Role:	Research    Influence    Recommend    Final Decision

**BUDGETARY RANGE EXPECTATION OF CUSTOMER: \$**

**ESTIMATED DATE OF PURCHASE (check one):**

0-3 months                      4-5 months                      7-12 months                      13-18 months                      Not defined

**APPLICATION DESCRIPTION (What the customer trying to accomplish):**

**REQUEST FOR QUOTATION**

**PRODUCT & PRODUCTION INFORMATION:**

Product Description	Length	Width	Depth	Batch Size

**EXPECTED PACKAGES PER MINUTE:**

**HOST SYSTEM INFORMATION**

Host system manufacturer and model number (if applicable - attach brochure):

Base / infeed type:

Integrated with host system or provided by host system manufacturer

Length:

Flight spacing:

Operating height:

Material guide height:

Flight pin height:

Base provided by Thiele-Streamfeeder