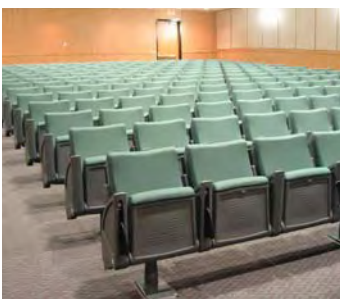


Fixed Seating Information Request



Quote Name: _____

Final Quote No: _____ Date: _____

Special Discount: Yes No If Yes, Discount % _____

Approved By: _____

TO BE COMPLETED BY/ WITH A SITMATIC REPRESENTATIVE AT INCEPTION

(REQUIRED FIELD)*

Date of Initial Inquiry*: _____

Requested Quote Turnaround Date: _____

Bid Due Date*: _____

Quote Background: _____

Budget Per Position*: \$ _____

Key Buying Motivations*:

Price Aesthetics Function Lead Time Other _____

Generic Bid Competitive Spec Sitmatic Spec

Competition Make/ Model: _____

Competition Make/ Model: _____

Competition Make/ Model: _____

End User*: _____

End User Contact Name: _____

Type of Facility: _____

Location of Installation*: _____

Projected Order Date*: _____

Desired Installation Date*: _____

Sitmatic Installation*:

Yes No Supervision Only

Stair Carry Elevator Ground Access

Business Hours Evening Hours Weekend Hours

Union Non-Union

Floor Condition: _____

Original Quote Number/Date: _____

Dealer/General Contractor/Agency*: _____

Dealer Contact*: _____

Dealer Phone Number: _____

Dealer Credit Application Submitted*: Yes No Existing Customer

Specifier*: _____

Key Contact: _____

Cad Files*: Yes No

Specials: Yes No If Yes, Specify _____

