

**Form Facts** (Leave Blank)

No.:	Date:	Attach.:	File:	Response: W <input checked="" type="checkbox"/> V <input type="checkbox"/>
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**Person/Organization's Information**

Name:	Surname:	Cell Phone:	Email:
Company/Org.:	Tel.:	Fax:	Web/Email:
Country:	Region:	City:	Post Code:
Address:			
Remarks:			

**Quotation General Classification**

Request for:	Equipment (Purchase) <input type="checkbox"/>	Accessories (Purchase) <input type="checkbox"/>	Service <input type="checkbox"/>
Type of Equipment	Weighing <input type="checkbox"/>	Weighing & CG <input type="checkbox"/>	MOI <input type="checkbox"/>
	POI <input type="checkbox"/>	Other (Specify):	
Accessories Category	Load Cell & Mounting <input type="checkbox"/>	Air Bearing <input type="checkbox"/>	Fixture <input type="checkbox"/>
	Standard & Custom Gage <input type="checkbox"/>	Data-Acqu'n. System <input type="checkbox"/>	Electrical <input type="checkbox"/>
	Other (Specify):		
Type of Service	Measurement <input type="checkbox"/>	Calibration <input type="checkbox"/>	Mass Prop. Regulation <input type="checkbox"/>
	Maintenance <input type="checkbox"/>	Metrology <input type="checkbox"/>	Appl. of Dimensions <input type="checkbox"/>
	Other Services (Specify):		
Remarks:			

**Specimen Description**

Weight Range:	Dimensional Range:
Remarks:	

**Comments**

Meeting to be arranged <input type="checkbox"/>	Customer's Site-visit to be arranged <input type="checkbox"/>	Official RFP issued <input type="checkbox"/>
Written Request issued (Ref. No. and date to be specified):		
Other Comments:		