

Quote Request

CUSTOMER

Contact* _____ Date _____

Company* _____ Phone* _____

Address _____ Fax _____

Email* _____

*Required, must be filled out.

Q&A:

How did you hear about us? Advertisement News Release Editorial Trade Show Referral

Internet Search Engine, please specify: _____ Other, please specify: _____

Name of part being marked: _____

Reason for mark: _____

If you don't mark part what can happen? _____

Is part moving or stationary? _____ If moving, what is line speed? _____

Type of mark, color, size and dry time: _____

Substrate / wire / type of spring: _____

Is mark permanent or removable? _____

Where on part is mark? _____

Is the part clean & dry or oily & wet? _____ At what temperature is part being marked? _____

Is the part exposed to any elements or processes? _____

How close can we get to the part? _____

What is cycle time or marking process? _____

Are we quoting against any competitors? _____ If yes, who? _____

Has there been a budget set for this project? _____ Amount if yes: _____

If OEM, who is the end user? _____

Are there any restrictions with your safety department? _____

Life of mark: _____

Do you do any other marking? _____

If yes, what brand of equipment are you using? _____

What is the best time to reach you? _____

Notes: _____

OFFICE USE ONLY:

Job Accepted - Dell Marking Systems can meet all requirements noted above.

Not Quoted - Dell Marking Systems cannot meet requirements.

Form Completed By: _____ Date: _____



DELL MARKING SYSTEMS

721 Wanda • Ferndale, Michigan 48220
248 547 7750 • Fax: 248 544 9115

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