



Project Name: _____ **Date of Request:** _____

REQUIRED COMPLETION DATE: _____ **RFQ Number:** _____

Method Received: Sales Call Direct from customer Website

Customer Name: _____ **Customer Address:** _____

Customer Contact: _____ **Telephone Number:** _____

Fax Number: _____

Email: _____

Established Company? **Entrepreneur?**

Projected Annual Volume: _____ **Target Price:** _____

Parameters:

Flexible Foam: Polyflex Polypro Polyshield Polyform

Rigid Foam: Other If Other, Please Explain: _____

Color: _____

Firmness: Soft Medium Firm **Durometer or IFD Range:** _____

Does product require inserts of any type? Yes No **Inserts Customer supplied?** Yes No

Regulatory Applicability

FMVSS302 UL94 MIL SPEC _____

Other (Describe): _____

Packaging Specifications: _____

Key Product Requirements: _____

Is tooling available? Yes No **Location:** _____

Is sample of part available? Yes No **Has it been forwarded to Product Development?** Yes No

Are CAD/drawings available? Yes No **Have they been forwarded to Product Development?** Yes No

Do material samples need to be forwarded to customer? Yes No **Foam Type** _____

On products needing development is customer willing to pay costs of development? Yes No

Quoting:

Development Quote Prototype Tooling Quote Other

Final Part Quote Final Tooling Quote Explain _____

Submitted By: _____