furnEtech Incorporated

Request A Quote Form

Fax to: furnEtech Installations
Fax Number: 610-913-6255
E-mail address: billkauffman@furnetech.com
Phone Number: 610-286-9800

REQUESTORS INFORMATION

Requested by: _____ Date: _____

Telephone: _____ Fax Number: _____

Department: _____ Floor: _____ Building: _____

Approval Purchase Order Number: _____ Approximate Installation Date: _____

TYPE OF WORK REQUESTED

Please check the appropriate box

Install New Product		Keys (must include key #)	
Furniture Adjustment		Chair Repair	
Furniture Cleaning		Replace Missing Parts	
Moving (boxes, furniture, etc.)		Obtain Furniture	
Furniture Repair		Rearrange	
Furniture Reconfiguration		Quotation	
Lock Repair			

PRIORITY

1 = 8 Business hours (emergency)
2 = 5 to 7 Business Days
3 = Negotiable
9 = New Product Quote

Priority: _____

DESCRIPTION OF WORK NEEDED

WORK SITE ADDRESS AND BUILDING INFO.

Building Name: _____
Contact Name: _____
Telephone Number: _____
Fax Number: _____
Address: _____
_____
City, State: _____
Zip: _____

Floor: _____ Elevator size _____ Direct Shipment

	YES	NO				
Loading Dock	yes ___	no __	Distance to site	_____	Max. truck size	_____
Remove trash	yes____	no __	Floor protection	yes ___	no ___	Doors to site sizes _____

Any Special Site Conditions? See Attached

ATTACHMENTS

	YES	NO
Product list		
Drawings		
Scope of Project		

HOURS FOR INSTALLATION

	YES	NO
Reg. Time		
Shift Time		
Over Time		
Double Time		

APPROVAL

Accepted by: Date: