

	<b>CUSTOMER ENQUIRY FORM</b>		
	DATE:	PROPOSED BY:	ENQ No.

**1. COMMERCIAL DETAILS**      *To be completed for all new enquiries*

TRADING NAME:			
TRADING ADDRESS:			
TELEPHONE No.		EMAIL:	
<b>CONTACTS:</b>	SALES:	TECHNICAL:	Q.A:
<b>CUSTOMER TYPE:</b>	EXISTING: <input type="checkbox"/>	PREVIOUS: <input type="checkbox"/>	NEW: <input type="checkbox"/>
IF NEW, PLEASE SUPPLY COMPANY REGISTRATION No.			
EXISTING CONTRACT IN FORCE WITH KE?                      YES <input type="checkbox"/> NO <input type="checkbox"/>			

**2. LOGISTICS**      *To be completed for all new enquiries*

<b>INCOTERMS</b>	Ex Works Shenzhen <input type="checkbox"/>	FOB Yantian Port <input type="checkbox"/>	FCA <input type="checkbox"/>	DDP <input type="checkbox"/>	DDU <input type="checkbox"/>	OTHER <input type="checkbox"/>
If 'Other' Please specify:						
(Please specify address and include any special warehouse requirements eg pallet height restriction)						

**3. STOCK OPTIONS**      *To be completed for all new enquiries*

ANY CLIENT STOCK REQUIREMENT?  Please specify	
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#### 4. NEW PRODUCT LAUNCH DETAILS

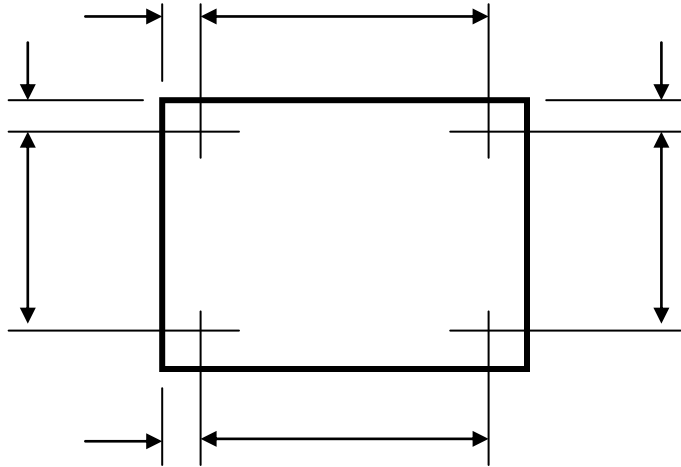
*To be completed for all new enquiries*

PRODUCT REF.			
LAUNCH DATE (First orders expected for):			
ANTICIPATED VOLUME/YEAR		MINIMUM LIFESPAN	
TYPICAL BATCH SIZES:			
TARGET PRICE FROM CUSTOMER:			
TYPE OF QUOTE:	BUDGET QUOTE <input type="checkbox"/>	OUTLINE SPECIFICATION <input type="checkbox"/>	
DATE REQUIRED BY:			
WILL PROTOTYPE BE REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TO BE ADVISED <input type="checkbox"/>
ANTICIPATED DATE FOR PROTOTYPE:			

#### 5. NEW PRODUCT SPECIFICATION

*To be completed for all new products*

TYPE REQUIRED:	KD <input type="checkbox"/> ASSEMBLED <input type="checkbox"/>	DRAWINGS SUPPLIED? YES <input type="checkbox"/> NO <input type="checkbox"/> TO FOLLOW <input type="checkbox"/>	
IF YES, USE FOR:	EXACT COPY <input type="checkbox"/>	FOR APPEARANCE/GUIDANCE <input type="checkbox"/>	BASIC DIMENSIONS <input type="checkbox"/>
DIMENSIONS:	COPIER <input type="checkbox"/>	CABINET <input type="checkbox"/>	
WIDTH :	mm	DEPTH:	mm
		HEIGHT:	mm
ARE THERE ANY SPECIAL AESTHETIC FEATURES TO BE MATCHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DETAILS ATTACHED <input type="checkbox"/>	TO FOLLOW <input type="checkbox"/>	SAMPLE SUPPLIED <input type="checkbox"/>	TO FOLLOW <input type="checkbox"/>
SAMPLE TYPE:	COPIER <input type="checkbox"/>	CABINET <input type="checkbox"/>	CASSETTE TRAY <input type="checkbox"/> OTHER <input type="checkbox"/>
DOOR TYPE:	FLAT <input type="checkbox"/>	PROFILE <input type="checkbox"/>	PLASTIC <input type="checkbox"/>
	LOGO REQUIRED Yes <input type="checkbox"/> No <input type="checkbox"/>		
NO. OF DOORS:	NONE <input type="checkbox"/>	ONE <input type="checkbox"/>	TWO <input type="checkbox"/>
FOR ONE DOOR HINGED ON:	LEFT <input type="checkbox"/>	RIGHT <input type="checkbox"/>	ARTICULATED <input type="checkbox"/> DROP DOWN <input type="checkbox"/>
	(will not extend further than cabinet width when open)		
HANDLE:	STYLE:	COLOUR:	
PRODUCT COLOUR:	EXISTING COLOUR <input type="checkbox"/>	STANDARD FOR CUSTOMER <input type="checkbox"/>	

	NEW COLOUR <input type="checkbox"/>	RAL No:		
	SAMPLE SUPPLIED FOR MATCH <input type="checkbox"/>	TO FOLLOW <input type="checkbox"/>		
CASTOR TYPE:	80 KG STANDARD <input type="checkbox"/>	80 KG COLD WEATHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	
If 'other' please specify				
CASTOR OPTION:	4 OFF UNBRAKED <input type="checkbox"/>	4 OFF BRAKED <input type="checkbox"/>	2 OFF BRAKED + 2 OFF UNBRAKED <input type="checkbox"/>	
WEIGHT:	MACHINE WEIGHT	kg	ADDITIONAL EQUIPMENT	kg
	PAPER STORAGE WEIGHT	kg	TOTAL WEIGHT	kg
No. OF SHELVES:	NONE <input type="checkbox"/>	ONE <input type="checkbox"/>	TWO <input type="checkbox"/>	OTHER <input type="checkbox"/>
If 'other' please specify				
TYPE OF LOCATION REQUIRED :		QUANTITY		
LOCATION PEGS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DIAMETER	mm
			LENGTH	mm
DIMPLES:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details:	
LOCATION HOLES:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details:	
BRACKETS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details:	
OTHER:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify:	
 <p style="text-align: center;"><b>FRONT</b></p>				
<div style="border: 1px solid black; padding: 10px; margin-left: auto; margin-right: auto;"> <p>FOOT POSITIONS: (Please specify on diagram)</p> <p>FOOT DIAMETER: (mm)</p> <p>ANY ADDITIONAL DETAILS:</p> </div>				
ARE THERE ANY SPECIAL ATTACHMENTS REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
DETAILS:				
PRODUCT REQUIRED TO BE BOXED?			YES <input type="checkbox"/> NO <input type="checkbox"/>	

NO:	Please specify alternative:		
PRODUCT REQUIRED TO BE PALLETISED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE THERE ANY SPECIAL PRINTING REQUIREMENTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If 'yes' please specify: (If not specified, standard stereo will be submitted for approval)			
STABILITY TEST	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If 'yes' sample copier must be provided			
STABILITY TEST VERSION:	BS EN 60950 / UL 1950 <input type="checkbox"/>	Customer standard <input type="checkbox"/>	WI 8-037 <input type="checkbox"/> (details available on request)
SPECIAL QUALITY/INSPECTION REQUIREMENTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please specify:			
HEALTH AND SAFETY STANDARDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please specify:			
ENVIRONMENTAL STANDARDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please specify:			
PRODUCT STANDARDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please specify:			
<b>PLEASE NOTE, IF ANY OF THIS INFORMATION IS NOT PROVIDED, WE MAY NOT BE ABLE TO SUPPLY ACCURATE OUTLINE SPECIFICATION DRAWINGS AND QUOTES</b>			
ANY ADDITIONAL INFORMATION (FOR INTERNAL USE ONLY)			

**6. EXISTING PRODUCT***To be completed if product is already designed and available from KE Group*

OEM NAME AND MODEL REFERENCE:	
CURRENT KE PRODUCT NUMBER (if known):	
SPECIAL QUALITY/INSPECTION REQUIREMENTS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please specify:	
HEALTH AND SAFETY STANDARDS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please specify:	
ENVIRONMENTAL STANDARDS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please specify:	
PRODUCT STANDARDS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please specify:	

**7. CUSTOMER COMMENTS**

Do you have any comments on our service or quality?
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