

TODAY'S DATE: \_\_\_\_\_

DATE QUOTE NEEDED: (not ASAP)  
\_\_\_\_\_

SAMPLES: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Send Samples PREPAID to:**  
5365 East Center Dr. NE  
Canton, OH 44721  
330-456-9333 or 800-521-9072  
330-456-4644 FAX



**REQUEST FOR QUOTE (RFQ) – EASY FORM**

**COMPANY (CLIENT):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**CLIENT CONTACT NAME:** \_\_\_\_\_

**PHONE:** (    ) \_\_\_\_\_

**FAX:** (    ) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

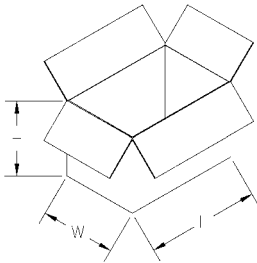
**DISTRIBUTOR REP NAME:** \_\_\_\_\_

**3M REP NAME:** \_\_\_\_\_

Provide Dimensions In Table Below.

Outside Dimensions (Preferred)

Inside Dimensions



Case Sizes			Speed	Description Case Type	Corrugated
Length	Width	Height	Cases/Min (CPM)		<input type="checkbox"/> Single Wall
				<input type="checkbox"/> RSC - Regular Slotted Container	<input type="checkbox"/> Double Wall
				<input type="checkbox"/> HSC - Half Slotted Container	<input type="checkbox"/> Triple Wall
				<input type="checkbox"/> FOL - Full Overlapping Flaps	<input type="checkbox"/> Reshippers
				<input type="checkbox"/> AFM - All Flaps Meet	
				ECT: _____	Industrial Environmental Conditions (Check all that apply)
				LB TEST: _____	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Damp
					<input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Dusty

Please add any additional case sizes on last sheet under notes, if needed.

Check all that apply if requesting quote for Case Erector or Case Sealer:  Case Erector Bottom Taper Only

Case Sealer Top Taper Only     Case Sealer Bottom Taper Only     Case Sealer Top & Bottom Taper



**PLEASE NOTE: A RFQ must be completed in order to receive "Pioneer Protection".**

<b>Equipment (Check All That Apply)</b>	<b>Options to Include (Check All That Apply)</b>
<input type="checkbox"/> Case Erector	<input type="checkbox"/> Casters
<input type="checkbox"/> Ergopack	<input type="checkbox"/> Low Case Alarm
<input type="checkbox"/> Drop Packer	<input type="checkbox"/> Low Tape/ No Tape Alarm
<input type="checkbox"/> Horizontal Loader	<input type="checkbox"/> Powered Case Magazine
<input type="checkbox"/> AlphaPack/SPP	<input type="checkbox"/> 3" Wide Tape Head
<input type="checkbox"/> Case Sealer	<input type="checkbox"/> Hot Melt Glue
<input type="checkbox"/> Flat Box Labeler _____	Electrical Requirements:
	<input type="checkbox"/> Stainless Steel Frame
Model (If Known): _____	<input type="checkbox"/> Nema 4 Washdown Electric
_____	Others:
_____	

**ACTION REQUIRED ONCE QUOTE IS COMPLETED**

<input type="checkbox"/> Send Quote To Customer	<input type="checkbox"/> Send to Distributor Rep	<input type="checkbox"/> Send to 3M Rep	
<input type="checkbox"/> Send Via Fax	<input type="checkbox"/> Via Next Day Air	<input type="checkbox"/> Via Second Day	<input type="checkbox"/> Via Ground
<input type="checkbox"/> Send Via E-Mail _____			
Is There a Competing Company for this Quote? If So, Please Provide Company Name Below: _____			
<input type="checkbox"/> Mail Literature	<input type="checkbox"/> Mail Layouts	<input type="checkbox"/> Mail CD with Video	
<input type="checkbox"/> Schedule a Meeting with Client	<input type="checkbox"/> Schedule a Tour	<input type="checkbox"/> Schedule a Conference Call	
Estimated Time of Purchase: _____			
Special Notes: _____ _____ _____			

According to Six Sigma<sup>®</sup> analysis, including a Combi Sales Manager in the follow-up sales call will dramatically improve close rates. 3/2006