

TODAY'S DATE: _____
 DATE QUOTE NEEDED: (not ASAP) _____
 SAMPLES SENT: _____
 ATTN: _____

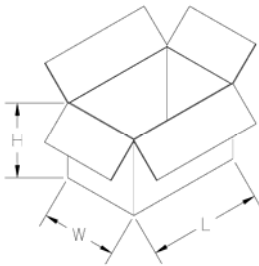


REQUEST FOR QUOTE (RFQ)

COMPANY (CLIENT): _____
STREET ADDRESS: _____
CITY, STATE ZIP: _____
CLIENT CONTACT NAME: _____
PHONE: _____
FAX: _____
E-MAIL: _____
DISTRIBUTOR REP NAME: _____
DIST. STREET ADDRESS: _____
DIST. CITY, STATE ZIP: _____
DIST. PHONE: _____
DIST. E-MAIL: _____
3M REP NAME: _____

Provide Dimensions In Table Below.

Outside Dimensions (Preferred) Inside Dimensions




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

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 Top and Bottom Taper






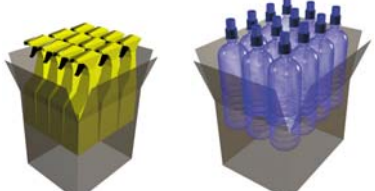
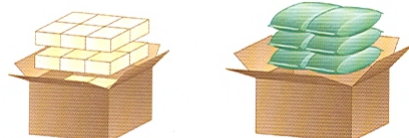
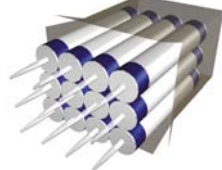
NOTE: If requesting quote for Stand Alone Case Erector or Case Sealer, you are finished. Please fax completed first page to 330-456-4644.

 If requesting an Ergopack® or a fully automatic system, continue filling in information.

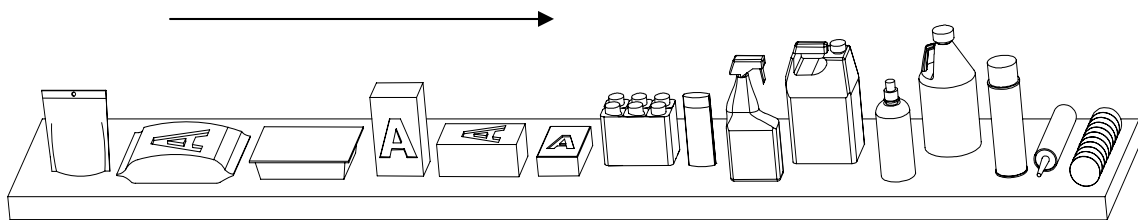
Completing a Combi RFQ Form has been proven to **DOUBLE** the likelihood of closing an equipment order!

Enter Product Description: Providing Combi Packaging Systems’ Sales Managers with a digital photograph of the case, the products, inserts and/or trays allows them to customize your quote.

Product	Container Description	Length	Width	Height	Pack Pattern (Length x Width x # of Layers)	Parts Per Minute
Example: Water Bottle	HD PE 12 oz.	3"	3"	9"	2 x 3 x 1	150 PPM

Drop Packing Collation (Vertical Drop Into Case)	AlphaPack (Fragile Containers and Several Layers)	Horizontal Loading (Case Placed on Side to Load)
		
		

The size, shape and stability of your packaging will affect equipment. Please check an option below that closely resembles **orientation** and **shape** of your product.



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

Equipment (Check All That Apply)	Options to Include (Check All That Apply)
<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 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: _____
Model (If Known): _____	<input type="checkbox"/> Stainless Steel Frame
	<input type="checkbox"/> NEMA 4 Wash Down Electric
	Others: _____

ACTION REQUIRED ONCE QUOTE IS COMPLETED

<input type="checkbox"/> Send Quote to Customer	<input type="checkbox"/> Send Quote to Distributor	<input type="checkbox"/> Send Quote to 3M Rep
<input type="checkbox"/> Send Via Email to _____		
Is There a Competing Company for this Quote? If So, Please Provide Company Name Below: _____		
<input type="checkbox"/> Mail Literature	<input type="checkbox"/> Mail Layout. Format Requested	<input type="checkbox"/> PDF <input type="checkbox"/> Auto CAD
<input type="checkbox"/> Mail CD with Video (Standard videos can be downloaded from www.combi.com .)		
<input type="checkbox"/> Schedule a Meeting With Client	<input type="checkbox"/> Schedule a Tour	<input type="checkbox"/> Schedule a Conference Call
Special Notes:		

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

**Send Two Case Samples of Each Case Size PREPAID to:
Combi Packaging (to the attention of your sales representative along with copy of this form)
5365 East Center Dr. NE
Canton, OH 44721
330-456-9333 or 800-521-9072
330-456-4644 FAX**

To view equipment, visit www.combi.com