



CUSTOMER INFORMATION

ESTIMATE#: _____

MOLDING

EXTRUSION

CONTACT NAME: _____

TODAY'S DATE: _____

EMAIL ADDRESS: _____

DUE DATE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE:

ZIP:

PHONE: _____

SOURCE OF INQUIRY: _____

(TRADE SHOW, INTERNET, REFERRAL CURRENT CUSTOMER, ETC.)

REP NAME: _____

PREPARED BY: _____

PART INFORMATION

QUOTE TYPE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C

A= "Gotta have it"
B= "Love it"
C= "Like it"

PART NUMBER: _____

NEW PRODUCT

EXISTING PRODUCT

PART NAME: _____

QUANTITIES: _____

FEET

PCS

EAU:

LENGTH, if applicable: _____

TOOLING TYPE: _____

NEW

EXISTING

AT CPI
CUSTOMER
TRANSFER

CAVITATIONS TO QUOTE, if applicable: _____

COLOR(S) _____

RAW MATERIAL: _____

GRADE: _____

PERTINENT PART INFORMATION: _____

COLOR/CLARITY:

CRITICAL

IMPORTANT

NOT IMPORTANT

MATING PART, if applicable:

PERMANENT

SNUG

REMOVABLE

MISCELLANEOUS INFORMATION

PACKAGING REQUIREMENTS:
(check all that apply)

CARTON

BULK

LAYER

DIVIDER

POLYBAGS

PART POLYBAGS

SECONDARY OPERATION REQUIREMENTS/ANY ADDITIONAL IMPORTANT INFORMATION:
