

Inquiry Form

Please provide as much detail as possible in order to facilitate precise planning and calculation.

Customer	
Customer	Date
Contact person	Department
Street	Phone
City, ZIP	Fax
Country	E-Mail

One-time order	Recurring order	Partial delivery possible:	
		Yes	No
Number of partial deliveries	Quantity per partial delivery	Fixed delivery dates	Time frame

General information/project description
Project name
Description
Ramp-up planning
Delivery dates and quantities
Sample
Application
End customer

Product you would like to order (multiple selections possible)	Item type/order number	Quantity	Target price	Competitors
<input type="checkbox"/> 1 Connectors, panel receptacles				
<input type="checkbox"/> 2 Cable assemblies				
<input type="checkbox"/> 3 Junction boxes				
<input type="checkbox"/> 4 Branch cables				
<input type="checkbox"/> 5 Assembly tools				
<input type="checkbox"/> 6 Other				

Framework contract				
Agreed annual order quantity				
Minimum order quantity per order				
Recurring order cycles				
Forecast planning (months/quantity)	3	6	9	12

Interest in additional products (grouping of potential package offers)