

**Thank you for your request for quotation. We look forward to working with you!**

Before we move forward, please complete this questionnaire so we can better understand your company and your product(s).

For any questions that do not pertain to your product, please leave blank or write N/A.

**Company Information:**

Company Name:	Contact Email:
Contact Name:	Direct Phone #:
Company Address:	Accounting Email:
City/State/Zip:	Company DUNS #:
Company Phone #:	Company Start Date:
Contact Name:	

**Product Specifications/Requirements:**

1. Do you have a drawing with a rev level?    Y    or    N
2. If no:
  - a. Do you have a part number?
  - b. What dimensions, size or shape do you need your product converted to?
  - c. Do you have a tolerance level?
3. Will you be providing the material(s) or would you like CCI (Vendor) to provide the material(s)?
4. If providing Customer Supplied material(s):
  - a. What are the dimensions (i.e. length, width and/or size) and quantities?
5. Would you prefer cardboard or plastic cores?
6. Does your product require any special: *(If yes, provide specifics for each)*
  - a. Handling?
  - b. Labeling?
  - c. Packaging?
  - d. Temperature/Humidity controlled environment?
7. Is this a Medical Device product?    Y    or    N
8. What quantities would you like us to quote?
9. Do you need a Certificate of Conformance?
10. What is your annual estimated usage?

This is an example of our **CCI Standard Labeling**

Each box and/or core will be labeled as follows unless otherwise specified in the Quotation.

**BOX LABEL:**

PART #	REV:
VENDOR LOT #:	
QTY:	
MFG DATE:	EXP. DATE: (if applicable)

**CORE LABEL:**

VENDOR LOT #:
---------------