Den Hartog INDUSTRIES, INC.

REQUEST FOR QUOTATION

Sales Representative Choose One Sales Rep ID _____ RFQ No. _____

Process Utilized Choose One Date of RFQ _____ Required By Date _____

Company _____ Contact: _____

Customer Number _____

Address _____

City / State / Zip _____

Phone / Fax _____

E-Mail _____

Description / Part Number _____ Part No. _____

Quote Type ◉ Design Build ○ Closed ○ Open

Design Origin ○ DHI ○ Customer ○ New ○ Existing N/A or Type

Tool Status

Tool Fabricator Choose One or Type Tool Material _____

Previous Molder _____ Proof of Tool Insurance (Please attach proof of insur.) Yes ◉ No ○

Documentation Choose One or Type

Estimated Usage EAU _____ EMU _____ Target Price $ _____

Estimated Quarterly Usage Q1 _____ Q2 _____ Q3 _____ Q4 _____

Product Projection Min. Run Anticipated _____ Target Start Date _____ Target Delivery Date _____

Project Detail/Background

Sales Representative Comments

Den Hartog INDUSTRIES, INC.

REQUEST FOR QUOTATION

Tolerance Requirements	Choose One or Type
Compliance Requirements Testing	Choose One or Type
Requirements	
PPAP Requirements	
Material Requirements	Choose One or Type
Color Requirements (Pantone #)	Choose One or Type
Weight / Wall Thickness	

Part Application	Choose One or Type
Exposure	Choose One or Type
Texture Requirements	Choose One or Type
Text Requirements	Choose One or Type
Insert Requirements	Details:
Assembly Components	Choose One or Type
	Cap(s) Fitting(s)
Packaging Requirements	Choose One or Type If box or pallet, note quantity per:
Spec Comments / Notes	

Additional Engineering Detail or Comments and Notes for Consideration