FULL SPECTRUM RETAIL SOLUTIONS by MARCO

QLDR REQUEST FORM
REQUEST TYPE

QLDR REQUEST NUMBER

Requested By: _____ Request Type: Choose One

Date Requested: Date Needed: Customer:

DRAWING REQUEST INFORMATION

DRAWING TYPE: Choose One

BASED ON DRAWING #

REVISION#: NOTES:

Does this item include Graphics?: Select Yes or No Only
(If Yes, please submit a separate QLDR Form)

Does this item include Vacuum-Formed Plastic?: Select Yes o
(If Yes, please submit a separate QLDR Form)

Does this unit need to fit with other Marco products: Item #:

Measurement(s): Total load capacity of unit:

Purpose and /or Description:

----------(Do Not Enter Data below this point)----------

QUOTE SPECIFIC INFORMATION

Quote total quantity of: _____ Quantity per Store: _____ Target Price: _____

Over a period of what time? _____ **Quote Type:** Choose One

PRINT SEND SAVE CLEAR