



Medline Industries, Inc.
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PROJECT QUOTE REQUEST

To best serve you and your customer, the following must be submitted at time of project quote request.

1. **FACILITY NAME AND AREA:** _____
(Name the Project one TITLE to be referenced in ALL dialogs/emails)
2. **ACCOUNT NUMBER:** _____
(If none, state "None at this time" and provide name of party receiving the pricing)
3. **BLUEPRINTS PROVIDED:** YES / NONE .
(Circle your answer. Email ALL attachments or link with reference to the Project Title, NO piece-mealing will be accepted)
4. **SPECIFICATIONS(S):**
 - a. **CUSTOMER SPECIFICATIONS PROVIDED:** YES / NONE .
 - b. **IF NONE, LIST FABRIC DESIRED TO QUOTE (MANUF/PATTERN/COLOR):** _____

(Circle your answer. If Division is to make selection, write Low, Medium or Designer price range you want quoted.)
5. **BACKGROUND ON SALES OPPORTUNITY:**

(Provide a brief intro of the opportunity: customer, competition, price point, expected delivery date)
6. **DUE DATE:** _____
(Provide date and reason. This does not guarantee your quote will be completed by this time but will allow proper forecasting of resources to try to achieve your request. Average turnaround expectancy is 3 weeks.)

Any questions please contact Christina Caravello, Project Manager at 847-643-4790.