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Request for Quotation

Request for Quotation							
Company							
Contact							
Address							
City/State/Zip							
Phone/Fax							
Email							
Preferred start date				Alternate start date			
Test report	Yes		No		Number of units		
Test specification							
Tests required							
Description of unit to be tested:							
Modes of operation:							
Power requirements:	amps		volts		frequency		phases
Interconnecting cables:							
Monitoring requirements:							
Special needs/requests:							