

Product Request For Quote Form

Date: _____

Customer Information

Contact Name: _____ Phone Number: _____

Company Name: _____ Fax Number: _____

Address: _____ Email Address: _____

City, ST, and Zip Code: _____

Sourcing Consultant Information

Project Manager: **Sean Huang**

Company Name: **889 Global Solutions**

Address: **2501 Brookwood Rd.**

City, ST, and Zip Code: **Columbus, OH 43209**

Phone Number: **614-235-8889**

Fax Number: **720-294-6551**

Email Address: **shuang@889globalsolutions.com**

Product Information

What Certifications are required? (UL, CSA, etc.) _____

Who is your current supplier? _____

What is your **target price**? _____

Are there **specifications** available? **Electronically?**

***(Please Fax with SPECS or send via E-mail)**

Quantities needed? (Yearly, quarterly, etc.) _____

When do you need this product? _____

Do you need warehousing and fulfillment services?

Detailed Description of the Product:

Application of the Product. And what type of product is this product used in?
