



Von Ruden Manufacturing, Inc.

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 U.S.A.

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QUOTE REQUEST FORM

Company: _____ Date: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Submitted By: _____ Fax: _____

CROSS REFERENCE INFORMATION

VRM Product(s)	Target Price	Unit Sales First Year	Lot Size/ Release	Competition Model	Price Each
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is Competition At Customer: Direct Agent Distributor

Additional Information. Special Data, Inspection, or Instruction: _____

Attach Additional Information. I.E.: Application Sheets, Sketches, Photos, Prints, Cir cuits, Catalogs, Samples.

Note: If unable to provide crossover information, please complete an appropriate Application Data Sheet.

COMMENTS

By: _____ Date Quote is Required By: _____

Company Name: _____ Date: _____

Phone: _____

Fax: _____