



Reverse Auctions

*** Please answer questions and submit along with product specifications ***

QUESTIONNAIRE

PRODUCT DESIRED:

COUNTY CONTACT INFORMATION: (PHONE, FAX, ADDRESS, E-MAIL)

COUNTY NAME: _____
ADDRESS 1: _____
ADDRESS 2: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E – MAIL: _____

POINT OF CONTACT: (ONE PERSON)

NAME: _____
ADDRESS 1: _____
ADDRESS 2: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E – MAIL: _____

DELIVERY ADDRESS: (WHERE YOU NEED IT DELIVERED)

LOCATION: _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____
STATE: _____
ZIP CODE: _____

DELIVERY DATE: (WHEN DO YOU WANT IT)

DATE: _____
SPECIAL INSTRUCTIONS: _____



ASSEMBLED (CHECK ONE): YES NO N/A

IF YES: (CHECK ONE) PARTIALLY FULLY

SPECIAL INSTRUCTIONS:

EQUIVALENTS ALLOWED: YES/NO (WILL YOU ACCEPT SIMILAR MODELS)

CHECK ONE: YES NO

DO YOU NEED TO FINANCE PURCHASE: (KACo LEASING TRUST - CoLT)

CHECK ONE: YES NO

PAYMENT TERMS: (HOW/WHEN DO YOU PLAN TO PAY)

HOW MUCH HAVE YOU BUDGETED FOR THE PRODUCT: (MEASURING TOOL FOR AUCTION)

WARRANTY & SERVICE REQUIREMENTS:

*****SPECIAL INSTRUCTIONS: (ANYTHING ELSE THAT WE NEED TO KNOW OR YOU ARE NOT SURE OF)*****