

# QUOTE FORM

## CONTACT INFORMATIONS

<i>Name</i>	
<i>Titre</i>	
<i>Email</i>	
<i>Phone</i>	<i>Ext:</i>
<i>Cell</i>	

## INFORMATIONS - TELEVISIONS

<i>Brand (1)</i>	<i>Model (1)</i>	
<i>Size: (1)</i>	<i>Fixed to wall</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>Plasma</i> <input type="checkbox"/> <i>ACL</i> <input type="checkbox"/> <i>LED</i> <input type="checkbox"/>	
<i>Brand (2)</i>	<i>Model (2)</i>	
<i>Size: (1)</i>	<i>Fixed to wall</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>Plasma</i> <input type="checkbox"/> <i>ACL</i> <input type="checkbox"/> <i>LED</i> <input type="checkbox"/>	
<i>Is a replacment schedule ?</i>	<i>If Yes/ date:</i>	No <input type="checkbox"/>
<i>If yes, what model are</i>	<i>Brand</i>	
<i>You planing to buy</i>	<i>Model</i>	
	<i>Size</i>	

## TYPE OF BUSINESS

<i>Hotel</i>	<input type="checkbox"/>
<i>Restaurant &amp; Bar</i>	<input type="checkbox"/>
<i>Educational institution</i>	<input type="checkbox"/>
<i>Government institution</i>	<input type="checkbox"/>
<i>Financial Institution</i>	<input type="checkbox"/>
<i>Store</i>	<input type="checkbox"/>
<i>Grocery store</i>	<input type="checkbox"/>
<i>Health club</i>	<input type="checkbox"/>
<i>Other:</i>	<input type="checkbox"/>



INSTALLATION | HOTEL TV | DIGITAL SIGNAGE

T: 1-855 237-4683

Please return at: [info@cesdistribution.com](mailto:info@cesdistribution.com)

Or by fax: local 450-625-2518

toll free 877-625-2518

*Comments:*

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*Name*

*Signature*

*Date*