

**Shirley K's New Concept Information Intake**

|   |                             |                |    |
|---|-----------------------------|----------------|----|
| Company Name:   |                             |                |    |
| Address:  |                             |                |    |
| Phone Number:   |                             |                |    |
| Fax Number:   |                             |                |    |
| Contact Person:   |                             |                |    |
| Title:  |                             |                |    |
| Email:  |                             |                |    |
| Website:  |                             |                |    |
| Design: Do you have an existing design or do you need one designed?   |                             |                |    |
| How will you be using the product?  |                             |                |    |
|   |                             |                |    |
| <u>Will the product be exposed to:</u>  |                             |                |    |
|   | <u>Sun</u>                  | YES            | NO |
|   | <u>Extreme temperatures</u> | YES            | NO |
|   | <u>Extreme Handling</u>     | YES            | NO |
| Will the product be moved by a robot  | YES                         | NO             |    |
| Will the product require special trimming   | YES                         | NO             |    |
| Will the product need fork lift openings  | YES                         | NO             |    |
| <u>Will the product need to:</u>  |                             |                |    |
|   | <u>Stack together</u>       | YES            | NO |
|   | <u>Nest together</u>        | YES            | NO |
| What desired material would you like to use:  |                             |                |    |
| Will the product house or nest another item:  | YES                         | NO             |    |
| If yes, please share photos or descriptions of the item/s it will be paired with  |                             |                |    |
| Will the product be a component of a larger design  | YES                         | NO             |    |
| What are the dimensions of the product: _____   |                             | <u>Length:</u> |    |
|   |                             | <u>Width:</u>  |    |
|   |                             | <u>Height:</u> |    |
| Desired Gauge/Thickness:  |                             |                |    |
| Desired Color:  |                             |                |    |
| Desired Sample/Prototype Quantity:  |                             |                |    |
| Potential Purchase Volume:  |                             |                |    |
| Desired Time Line:  |                             |                |    |
| Total Project Budget:   |                             |                |    |
| *Disclaimer: Upon completion, submit drawings and/or your prints if you have not already to your Shirley K's Account Manager. |                             |                |    |

