To: Sugatsune Kogyo (Email: export@sugatsune.co.jp)

OEM QUOTATION REQUEST

Sending Date	Day/Month/Year:	
Number of Pages (Including this page)		Page(s)

Quotation Details (Please complete all items.)

• Quotation Details	(i icase complete	an items.)			
Project Name **Please describe in details for what kind of equipment you want to use.					
Item Name (e.g.) Butt Hinge LSB-40					
Content					
(e.g.) Size change to the attached					
drawings, etc.					
0 1 11 0 111					
Quotation Quantity (e.g.) 10,000 pcs				pc(s)	
Use Quantity	pc(s)/year	pc(s)/month	Others ()	
Period of Use			Year(s)	Month(s)	
Asking Unit Price		Desired Reply	Date		
※Please note that we may be unable to the content of th	Please note that we may be unable to meet your requirements depending on the content. We may contact you to confirm the content of the entry.				

•	Your	Contact	Information	
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	Company		Name		
_	Division		TEL		
Required	E-mail		FAX		
ed	Address	Postcode:	(Number, Street):	(City, State/ Prefecture):	
Optional	3D CAD Software in Use (Version)	☐ SolidWorks (☐ CATIA () □ Autodesk Inventor () □ Others ()



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ODM QUOTATION REQUEST

Sending Date	Day/Month/Year:	
Number of Pages (Including this page)		Page(s)

Quotation Details (Please complete all items.)

Project Name **Please describe in details for what kind of equipment you want to use.				
Content Please freely fill in figures and specifications (dimensions, materials, finish, product features, and concept, etc.).				
Quotation Quantity (e.g.) 10,000 pcs				pc(s)
Use Quantity	pc(s)/year	pc(s)/month	Others ()
Period of Use			Year(s)	Month(s)
Asking Unit Price		Use Start Time	Trial Production Tim Mass Production Tin	

**Please note that we may be unable to meet your requirements depending on the content.
**We may contact you to confirm the content of the entry.

Your Contact Information

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	Company		Name		
	Division		TEL		
Required	E-mail		FAX		
ed	Address	Postcode:	(Number, Street):	(City, State/ Prefecture):	
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