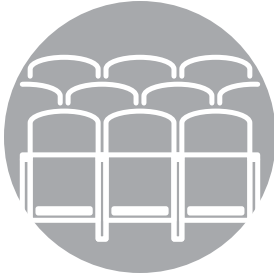


## Fixed Seating Questionnaire



Quote Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who are we quoting?

Sales Rep:

Dealer / General Contractor / Agency:

Contact Name:

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What is the customer's budget (*total or per position*)?

### The Space

Type of Environment (*ie. Auditorium, Classroom, etc.*):

New Construction      Replacement Seating

How many people are required in the room?

Floor:      Flat Floor      Sloped Floor      Tiered Floor

*If tiered floor, how deep are the tiers?*

Rows:      Straight Rows      Curved Rows

### Let's Build Some Chairs!

What would you like the chairs upholstered in (*choose from Categories 2-6 or COM*)?

Backrests:      Rounded Backrest      Squared Backrest      Custom

Backrest Shell Finish:      Laminate      Wood Veneer      Upholstered

Arm Caps:      Polyurethane      Wood

### More Options

End Panels:      Half Height      Full Height

Laminate      Wood Veneer

Tablet Arms:      Writing Tablets      Laptop Tablets

Miscellaneous:      Cup Holders      Headrests      Special Wood Stain

Aisle Lights      Power & Data

Special Epoxy Color      Seat Numbers and Row Letters

Special Needs:      ADA Transfer Arm      *If yes, how many?*

Removable Units      *If yes, how many?*

Bariatric Seats      *If yes, how many?*

Cal Fire, TB 133

### Sitmatic Installation

Floor Construction (*ie. Wood, Concrete, Access Flooring*):

Installation Hours:      Business Hours      Evening Hours      Weekend Hours

Site:      Ground Access      Elevator Access      Stair Carry

Labor:      Union Labor      Non Union Labor