

**SYNTRIX**

SYNTRIX SYSTEM

**Inquiry Form Information****Summary**

Contact Person: Fresion

Email: fresion-ho@syntrixsystem.com

Date: \_\_\_\_\_

Note: Please mark "√" in the "□" that corresponds to your answer.

Company Name				Phone			
Contact Person		Country/ City		Email		Website	
Existing Similar Equipment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Brand: _____)			Information Source	<input type="checkbox"/> Website <input type="checkbox"/> Exhibition <input type="checkbox"/> Referral <input type="checkbox"/> Google <input type="checkbox"/> Other _____		

**Equipment Requirement Details**

Part 1: Core Requirements		
No.	Item	Content
1	Equipment Type for Procurement	
2	Industry	
3	Capacity Requirement	
4	Product Specifications	Dimensions: _____ Material: _____
5	Raw Material Type	Corrosive/Flammable? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Specified Imported Components	<input type="checkbox"/> PLC <input type="checkbox"/> Motor <input type="checkbox"/> Bearing <input type="checkbox"/> Other _____
7	Product Variety	<input type="checkbox"/> Single Type <input type="checkbox"/> Multiple Specifications (Approx. ____ types)
8	Automation Level	<input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Fully Automatic <input type="checkbox"/> With Loading/ Unfeeding/ Line Linkage
9	Other Functional Requirements	<input type="checkbox"/> Vision Inspection <input type="checkbox"/> MES System Integration <input type="checkbox"/> Multi-language Interface <input type="checkbox"/> Other: _____
Part 2: Technical Specifications		
1	Plant Space Constraints	L ____ m × W ____ m × H ____ m
2	Equipment Size Limitations	Maximum Acceptable: L ____ m × W ____ m × H ____ m

3	Power Requirements	<input type="checkbox"/> 220V <input type="checkbox"/> 380V <input type="checkbox"/> Three-Phase <input type="checkbox"/> Power $\leq$ ____ kW
4	Environmental Requirements	<input type="checkbox"/> Clean Room (Class: ____) <input type="checkbox"/> Temperature/Humidity Requirements
5	Other Requirements	<input type="checkbox"/> Air Compression ( ____ MPa) <input type="checkbox"/> Water Source <input type="checkbox"/> Other ____

### Part 3: Delivery & After-Sales

1	Desired Delivery Timeframe	<input type="checkbox"/> Within 30 days <input type="checkbox"/> Within 60 days <input type="checkbox"/> Other ____
2	Installation Method	<input type="checkbox"/> Supplier On-site <input type="checkbox"/> Remote Guidance <input type="checkbox"/> Self-Installation
3	Packaging & Transportation	<input type="checkbox"/> Export Packaging <input type="checkbox"/> Port Arrival <input type="checkbox"/> Door Delivery
4	Certification Requirements	<input type="checkbox"/> CE <input type="checkbox"/> ISO <input type="checkbox"/> UL <input type="checkbox"/> SGS <input type="checkbox"/> Other ____
5	Training Service	<input type="checkbox"/> Required ( <input type="checkbox"/> Operator <input type="checkbox"/> Maintenance) <input type="checkbox"/> Not Required
6	Warranty Period	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Other ____

### Part 4: Budget & Procurement Plan

1	Budget Range	____ to ____ (Currency: <input type="checkbox"/> USD <input type="checkbox"/> CNY)
2	Payment Method	<input type="checkbox"/> T/T <input type="checkbox"/> L/C <input type="checkbox"/> Installment <input type="checkbox"/> Other ____
3	Quotation Preference	<input type="checkbox"/> Fixed Price <input type="checkbox"/> Itemized Quote <input type="checkbox"/> Multi-Scheme Comparison
4	OEM/Private Label Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Planned Procurement Time	<input type="checkbox"/> Within this month <input type="checkbox"/> 1-3 Months <input type="checkbox"/> Within 6 month

### Part 5: Other Requirements

1	
2	
3	