



Landoll Corporation Supplier Quote

Date: _____

Expires: _____
(required)

SUPPLIER: _____
 CONTACT: _____
 TEL: _____
 FAX: _____
 E-MAIL: _____

RETURN TO: (Landoll Contact)

 TEL: _____
 FAX: 785-562-4854
 E-MAIL: _____

QTY	LANDOLL PART NO. (required)	SUPPLIER PART NO. (required)	UM (required)	UNIT COST (required)

LEAD TIME (WKS) SAMPLES: _____
(required)

LEAD TIME (WKS) PRODUCTION: _____
(required)

UNIT WEIGHT: _____

COST REDUCTION PLAN (in % for 5 years)
 Submitting cost reduction plan gives preferential consideration. 1.yr % 2.yr % 3.yr % 4.yr % 5.yr %

APPLICABLE	TOOLING DESCRIPTION	COST	LIFE EXPECTANCY
<input type="checkbox"/>			
NONAPPLICABLE			
<input type="checkbox"/>			

By signing and submitting this quote you agree to Landoll Corporation **General Terms of Delivery** and any other terms that apply to Landoll specifications for the product listed.

Signature: _____	Date: _____
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