

Request for Phone System/Cabling Bid

Date Requested _____

Name	Phone	
Address	Fax	
City	State	Zip
Contact	Decision Maker	
Current System		
# Of Lines	Rollover/Options	Fax/Modem Lines
Bid Information:		
Phone System Information:		
Number of Phones	Cordless or Consoles	Other
Color Preference	Desk/Wall Mount	Voicemail
Message on Hold Unit	Caller ID	Auto Attendant
Optional Information Requ	uested:	
Cabling Information:		
Installing cables or using ex	xisting cables	

Please fill out and fax back to Hi-Tech Enterprises, Inc. 502.863.9591

Additional notes_____