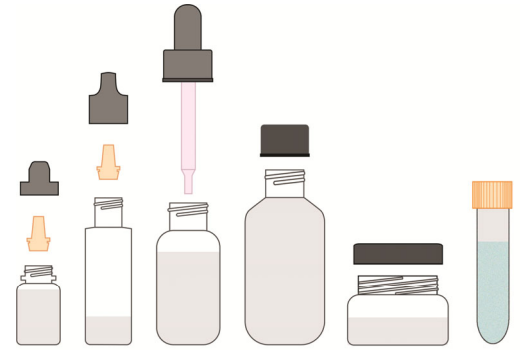


## CUSTOMER ENQUIRY FORM

Please tell us about your company and container

Send completed form to: [info@dispenseworks.com](mailto:info@dispenseworks.com)



COMPANY INFORMATION			
Company Name		Date	
Company Address			
City, State		Zip Code	
Contact Name			
E-Mail			
Phone Number		Fax Number	

PROJECT INFORMATION	
Project Name	
Fluid to be Dispensed	
Volume	
Production Rate	
Accuracy	

BOTTLE		CAP		TIP	
<input type="checkbox"/>	Round	<input type="checkbox"/>	Screw On	<input type="checkbox"/>	None
<input type="checkbox"/>	Square	<input type="checkbox"/>	Snap On	<input type="checkbox"/>	Brush
<input type="checkbox"/>	Oval	<input type="checkbox"/>	Stopper	<input type="checkbox"/>	Pipette
Diameter		<input type="checkbox"/>	Assembled to Bottle	<input type="checkbox"/>	Dropper
Length		<input type="checkbox"/>	Supplied Loose	<input type="checkbox"/>	Other