

omnivan[®] Full Line Vending Questionnaire

Please complete the following questionnaire so that we may design an **omnivan[®]** for you. If a question does not apply, please write "N/A" on that line. Indicate the product quantities that need to be carried on your truck. For most customers this means what you are currently carrying on your busiest days plus anticipated growth. When this form is completed, fax it to 770-425-2350 or mail it to us (Equipment Innovators, 800 Industrial Park Drive, Marietta, GA 30062). A drawing of your **omnivan[®]** will be prepared for your approval.

Company:		Contact:	
Address:		Phone:	
City/State/Zip:		Fax:	

Products to be refrigerated (sandwiches, milk, etc.): _____

1. To determine type of refrigeration equipment needed, please indicate:		
Number of stops per day		
Number of hours/minutes of driving time between each stop		
Number of hours vehicle will be out making deliveries per day		
Do you plan to leave refrigerated products in vehicle overnight?	YES	NO
What temperature must be maintained?	_____	Degrees F
Product temperature before placing in vehicle	_____	Degrees F
Will you need cooling for chocolate?	YES	NO

2. Please indicate dimensions and quantity:		
	Dimensions (W" x D" x H")	Quantity
CANDY BOXES		
MILK CASES		
FOOD TRAYS		
PASTRY TRAYS (BRAND)		
CHIPS		
SNACKS		
COFFEE		
CUPS		
SYRUP (qty. next to size)	Bag 'n Box: 2.5 gal. _____ 5 gal. _____; Jugs: 1 gal. _____	
CO2 BOTTLES	Lbs.: _____	
12 OZ. CANNED SODA CASES	Number of Flavors: _____	
16 OZ. BOTTLED SODA CASES	Number of Flavors: _____	
20 OZ. BOTTLED SODA CASES	Number of Flavors: _____	
BOTTLED JUICE CASES	_____ oz.	
BOTTLED WATER CASES	_____ oz.	

3. Do you need heat in body to prevent beverages from freezing in winter?	YES	NO
4. Do you need a collection safe?	YES	NO
5. Do you need a collection/change fund safe?	YES	NO
6. Do you need a hand truck rack?	YES	NO
7. Do you need a hand truck?	YES	NO

8. Do you already have your own cab/chassis for mounting this omnivan ®?	YES	NO
If YES , Make/Model: _____ Year: _____ Color: _____		
GVWR: _____ Single/Dual Rear Wheels: _____		
Cab to Axle: _____ Wheel Base: _____ Gas/Diesel: _____		
If NO , Preferred Make/Model: _____ Gas/Deisel: _____ Color: _____		
Other Options Preferred: _____		

9. Other products/comments:
10. Date quotation and drawing needed:
11. Date omnivan ® needed in service: