



PA VISION SDN BHD

22-1, JALAN AWAN MAKMUR, OUG SQUARE, OFF JALAN KLANG LAMA, 58200 KUALA LUMPUR
TELEPHONE: 03-7783 6512/6511 FASCIMILE: 03-7783 6510
EMAIL: pavision@streamyx.com WEBSITE: www.pavision.com.my

Client Enquiry Form- Environmental Monitoring System

Dear Customer: To avoid error in quotation and to be more accurate to serve you better, we need more information based on attached client enquiry form, please fill up the form.

Client Information			
Company:			
Person In Charge:		Contact Number:	
Email:		Fax Number:	
Project Name:		Site Location:	
Room Descriptions			
Room Name:		Raised Floor Height (m) :	
Height (m):	Length(m):	Width(m):	
Odd Shape: Attached drawings or sketch, AutoCAD is preferred.			
Raised Floor Height (m) :-			
Door type: <input type="checkbox"/> 1 leaf <input type="checkbox"/> ½ leaf		Ramp: <input type="checkbox"/> Steel <input type="checkbox"/> Wooden	
No. of doors: Door Size (Length x width):		Slope Gradient:	
Type of Panel: <input type="checkbox"/> High Pressure Laminate <input type="checkbox"/> Bare Panel <input type="checkbox"/> Aluminium panel			
Panel Construction Material : <input type="checkbox"/> Aluminium panel <input type="checkbox"/> Steel			
Type of Infilled: <input type="checkbox"/> Simentitous <input type="checkbox"/> Woodcore			
Panel Dimension: <input type="checkbox"/> 600mm x 600mm <input type="checkbox"/> 2 ft x 2 ft			
Concentrated Load (lbs): <input type="checkbox"/> 800 <input type="checkbox"/> 1000 <input type="checkbox"/> 1250 <input type="checkbox"/> 1500			
PE Insulation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: Depends on CRAC is upflow or downflow, if upflow, not required.			
Number of Perforated Panel required:			
*Note: Normally, the number of perforated panel follows the quantity of the rack.			
Number of Double Cup Panel Lifter: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Kodlock: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Qty: _____			
State any Special Requirement:			
Lift for panel shifting from loading bay to designated installation floor: <input type="checkbox"/> Yes <input type="checkbox"/> No			
State any Special Requirement:			
Attached specification/technical data or BQ if any:			
Scope of Work	<input type="checkbox"/> Supply – Deliver – Install – Commission		<input type="checkbox"/> Supply – Deliver – Commission
	<input type="checkbox"/> Supply – Commission	<input type="checkbox"/> Supply	<input type="checkbox"/> Others _____
Extra warranty requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No , If yes, no. of years: _____			

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Note: 1) Attached specification/technical data or BO if any.
2) Attached drawings of possible. (Indicate possible mounting location)