

# QUOTATION Process Automation



FAX or Email completed form  
F: 905-566-7228 / E: cemcorp@cemcorp.com

## Contact Information

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll free Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: http:// \_\_\_\_\_

## Select your Industry:

This system is intended for: Installation in my facility Yes / No  
Resale as part of a turnkey package Yes / No

What are your control needs?

# of Analog Inputs:	
# of Analog Outputs:	
# of Digital Inputs:	
# of Digital Outputs:	

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Please provide a brief description of what you wish to control:

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What is the project time frame? \_\_\_\_\_

In the next: \_\_\_\_\_

Do you require financing? Yes / No

Who should we contact if different than above?  
\_\_\_\_\_

Do you need engineering or project management services? Yes / No

Additional information, questions, or comments?

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