



OZIMP INTERNATIONAL CO.,LTD

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REQUEST FORM FOR QUOTATION

To: OZIMP INTERNATIONAL CO.,LTD

Date:

Please provide a quotation based on the following:

Company Name:			
Address:			
Contact Person:			Inspection / Audit Date:
Phone:	Fax:	Email:	
Services Required:	£ Initial Factory Evaluation £ Final Random Inspection £ Initial Production Check £ Loading Supervision £ During Production Inspection £ Factory Audit: Social /Code of Conduct /Technical* £ Others:		
For Factory Audit only:	Size of Factory: No. of employee _____ Floor space _____		
Description of Goods:	Item number(s)		
Order Quantity:	FOB Value:		
No. of Shipment (Approx):	PO number(s)		
Sampling Plan: ISO 2859-1:1989	Please specify if not using Normal Inspection Level II, AQL=2.5 / 4.0 for major / minor defects and S2 for test / measurement: Level: £ I £ II £ III £ S1 £ S2 £ S3 £ S4 AQL: Critical _____ Major _____ Minor _____ Others:		
Supplier Name:			
Contact Person:			
Phone:	Fax:	Email:	
Address of Inspection / Audit Location			
Court Case:	£ Yes £ No	Inspection Certificate	£ Yes £ No
Export Country:	End Customer:		
Samples Required:	£ Draw shipment sample for reference if factory allows £ Draw defective sample for reference if factory allows £ Send defective / shipment * sample obtained above at our cost		
Special Instructions:			

* Delete as appropriate

Remark:

1. Please send more information such as approval sample, catalogue, product leaflet, instruction manual, specification, etc. for us to prepare a more accurate quotation.
2. Please fill in this form as complete as possible so that report can be issued promptly.

Please return this form either by email to cs@ozimp.com