

Mock-up Request Form

(Excludes full height walls)

Submission Details:

Submitted By: _____
Dealer: _____
Project Name: _____
SQ#: _____

Date Submitted: _____
Install Date: _____
Presentation Date: _____
 New Customer Existing Customer GSA

Opportunity Details:

Opportunity details are required for your request to be processed as a high priority.

Mock-up Delivery Address

City/Town, Province/State

Project Size

of stations/filling units, linear feet of walls

What other competitors are mocking-up? _____

Approx. Net Value of Job: \$ _____

Product (check applicable)

- Inscape System
- Inscape Bench
- Electrified Storage/Storwal
- Credenza Storage/Planna
- RockIt
- Ergonomics
- Tables
- Storage

Opportunity Status (check applicable)

- Initial Presentation
- Shortlisted
- Ours to lose

Mockup Installation

To be installed by Dealer? Yes No

If no, please specify if installer is required or other arrangements need to be made *(please detail:)*

Additional Notes:

Approved by: _____
RVP

_____ Date