

CUSTOMER NEEDS ASSESSMENT

Company name: _____ **Date of Contact:** _____
Contact name: _____
Contact position: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail _____

Describe as Fully as Possible:

Product use: _____
Process _____

Raw Material:

Customer Supplied _____

BC Supplied _____

Is there a specification? _____ Is there an existing Sample? _____

Put up in Width: _____ Trimmed? _____ Untrimmed? _____

Length Yds _____ Roll Diameter _____ Tube diameter _____

Packing requirements _____

Shipping requirements _____

ADDITIONAL COMMENTS OR RELEVANT INFORMATION: