

ETUAN PRODUCT ENQUIRY FORM

<input type="checkbox"/>	Enquiry for ETuan Products	
<input type="checkbox"/>	ADM SERIES	_____
<input type="checkbox"/>	SDM SERIES	_____
<input type="checkbox"/>	Others	_____
<input type="checkbox"/>	Enquiry for Principal Products	
<input type="checkbox"/>	MicroFab	
<input type="checkbox"/>		_____
<input type="checkbox"/>	Enquiry for Pricing	
<input type="checkbox"/>		_____
<input type="checkbox"/>	Enquiry for Technical & Process study	
<input type="checkbox"/>		_____
<input type="checkbox"/>	Others	_____

Customer Profile

*Name :

*Company Name :

*Contact Number :

*Email Address:

Type of Industry:

Type of Product:

Requirement:	a. Within 1 month	<input type="checkbox"/>
	b. Within 6 months	<input type="checkbox"/>
	c. For Next Year Budgetary	<input type="checkbox"/>

Remarks:

** denotes compulsory entry required*