

COMPANY INFORMATION

COMPANY NAME: _____

FIRST AND LAST NAME: _____

E-MAIL ADDRESS: _____

BUSINESS FOCUS

VENDING OPERATOR VENDING DISTRIBUTOR PRIVATE IMPORT

OTHER: _____

COUNTRY(IES) OF OPERATION: _____

COVERING INTERNATIONAL MULTIPLE CITIES SINGLE CITY: _____

VENDING OR ICE BUSINESS EXPERIENCE

ALREADY IN THE VENDING BUSINESS? IF YES, HOW LONG? ____ YRS

ALREADY IN THE ICE BUSINESS? IF YES, HOW LONG? ____ YRS

ALREADY IN THE ICE VENDING BUSINESS? IF YES, HOW LONG? ____ YRS

NONE OF ABOVE

PREFERRED ICE VENDING MACHINE SPECIFICATION

ICE MAKER CAPACITY: 240KG/DAY 360KG/DAY MORE THAN 400KG/DAY NOT SURE

PAYMENT SYSTEM: COIN ACCEPTOR BILL ACCEPTOR C-LESS PAYMENT PRE-PAID CARDS

QMS - REMOTE MANAGEMENT SYSTEM: YES NO

ADVERTISING: LCD SCREEN LIGHTBOX FULL MACHINE BRANDING NOT SURE

PRODUCT DISPENSING: ICE CUBES WATER

ICE CUBE SIZE: 10/22 31/29 [GRANDE CUBE] NOT SURE

ORDER FORECASTING

APPROX. NUMBER OF MACHINES IN 2020: _____ DESIRED MONTH OF FIRST INSTALLATION: _____

APPROX. NUMBER OF MACHINES IN 2021: _____

CURRENT ICE DEMAND OF YOUR MARKET

STRONG NEUTRAL WEAK OTHER: _____

HOW DID YOU FIND US

EXPO WEBSITE RECOMMENDATION OTHER: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

QUICKICE LLC

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