

MATRIX



REQUEST FORM

Matrix Customization

REQUESTOR NAME	<input type="text"/>
REQUESTOR EMAIL	<input type="text"/>
CLIENT NAME	<input type="text"/>
CLIENT WEBSITE	<input type="text"/>

<input type="checkbox"/> CUSTOM COLOR <small>*Custom Color is decal / paint / upholstery renders</small>	<input type="checkbox"/> PRODUCT MODIFICATION <small>*Product Modification is altering a current product at the JHTNAM factory</small>
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DESCRIPTION OF WHAT IS NEEDED	<input type="text"/>
<small>(Product Series, Model #'s, Frame Color, Upholstery Color, Size & Location of Decal, Console Type, etc.)</small>	

REQUESTED RENDER DUE DATE	<input type="text"/>
DATE OF PRESENTATION TO CUSTOMER	<input type="text"/>
<input type="checkbox"/> CUSTOMER REQUESTED RENDERS/ MODIFICATIONS, OR	<input type="checkbox"/> SALES TEAM REQUEST TO SHOW CUSTOMIZATION CAPABILITIES

SIZE OF OPPORTUNITY (ESTIMATED TOTAL \$ VALUE OF BID)	
MATRIX STRENGTH	<input type="text"/>
MATRIX CARDIO	<input type="text"/>
XULT	<input type="text"/>
DATE OF INSTALL	<input type="text"/>

PLEASE PROVIDE THE FOLLOWING AT TIME OF REQUEST
<small>*Client Logo in Vector File Format (AI, PDF, EPS)</small>
<small>*Client Brand Guidelines, if applicable</small>

PLEASE EMAIL COMPLETED FORM TO: CUSTOMCOLOR@MATRIXFITNESS.COM