



# NEW HEAVY BUS PURCHASE SURVEY FORM

Please complete and return via fax to Jim LaRocco at 440-543-4121  
or email to [jimlarocco@integritygroupus.com](mailto:jimlarocco@integritygroupus.com)

## If available, please attach RFP/Bid Specifications

|                                                                                                      |                                               |                                                 |                                           |                                       |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------|
| 1. Desired engine:                                                                                   | <input type="checkbox"/> Diesel               | <input type="checkbox"/> Gas                    | <input type="checkbox"/> CN6              | <input type="checkbox"/> Other        |
| 2. What application will the bus be used for?                                                        |                                               |                                                 |                                           |                                       |
| 3a. What is the desired seating capacity? Please check a bus model/type:                             |                                               |                                                 |                                           |                                       |
| <input type="checkbox"/> Ford Van 4-15                                                               | <input type="checkbox"/> Universal 15-25      | <input type="checkbox"/> Easy-On 15-28          |                                           |                                       |
| <input type="checkbox"/> Titan 25-45                                                                 | <input type="checkbox"/> Apollo 27-40         |                                                 |                                           |                                       |
| 3b. What type of seating is desired?                                                                 |                                               | <input type="checkbox"/> Perimeter              | <input type="checkbox"/> Forward          |                                       |
| If "Forward Seating," please check preferred style:                                                  |                                               | <input type="checkbox"/> Recliner               | <input type="checkbox"/> Rigid            |                                       |
| 3c. What is the desired seat type?                                                                   |                                               | <input type="checkbox"/> High-Back              | <input type="checkbox"/> Mid-Back         | <input type="checkbox"/> Low-Back     |
| If Mid- or Low-Back, are Grab Handles desired?                                                       |                                               | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No               |                                       |
| 3d. What is the desired seat material and quality level?                                             |                                               |                                                 |                                           |                                       |
| <input type="checkbox"/> Cloth                                                                       | Quality level:                                | <input type="checkbox"/> 1                      | <input type="checkbox"/> 2                | <input type="checkbox"/> 3            |
| <input type="checkbox"/> Vinyl                                                                       | Quality level:                                | <input type="checkbox"/> 1                      | <input type="checkbox"/> 2                | <input type="checkbox"/> 3            |
| <input type="checkbox"/> 4                                                                           | <input type="checkbox"/> 5                    | <input type="checkbox"/> 6                      |                                           |                                       |
| 3e. What is the desired seating color?                                                               |                                               |                                                 |                                           |                                       |
| 3f. Are seat belts required?                                                                         |                                               | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No               |                                       |
| If yes, what is the desired style?                                                                   |                                               | <input type="checkbox"/> Retractable            | <input type="checkbox"/> Lap              | <input type="checkbox"/> 3 Point      |
| 4. Are there tight turning radiuses, height restrictions or other concerns in shuttle loop? Explain. |                                               |                                                 |                                           |                                       |
| 5. Is luggage storage required?                                                                      |                                               | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No               |                                       |
| If yes, please indicate type.                                                                        |                                               | <input type="checkbox"/> Interior Compartment   | <input type="checkbox"/> Rear Compartment | <input type="checkbox"/> Overhead     |
| 6. Exterior: Are graphics required?                                                                  |                                               | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No               |                                       |
| Exterior Paint Color: _____                                                                          |                                               |                                                 |                                           |                                       |
| 7. Chassis Preference:                                                                               |                                               | <input type="checkbox"/> Ford                   | <input type="checkbox"/> GMC              | <input type="checkbox"/> Freightliner |
| <input type="checkbox"/> Workhorse                                                                   |                                               |                                                 |                                           |                                       |
| 8. What exact date are the buses required to be "in-service?"                                        |                                               |                                                 |                                           |                                       |
| 9. Options interested in:                                                                            |                                               |                                                 |                                           |                                       |
| <input type="checkbox"/> Alternator Upgrade to 200 amp                                               | <input type="checkbox"/> Street Side Exhaust  | <input type="checkbox"/> Slide-out Battery Tray |                                           |                                       |
| <input type="checkbox"/> Enclosed Seat Kick Panels                                                   | <input type="checkbox"/> Rear Help Bumper     | <input type="checkbox"/> Hour Meter             |                                           |                                       |
| <input type="checkbox"/> 2-Way Radio Prep Package                                                    | <input type="checkbox"/> Chrome Wheel Inserts | <input type="checkbox"/> Front-lit Sign         |                                           |                                       |
| <input type="checkbox"/> More-Ride Rear Suspension System                                            | <input type="checkbox"/> Low-Floor            | <input type="checkbox"/> Manual Door            |                                           |                                       |
|                                                                                                      | <input type="checkbox"/> Electric Door        | <input type="checkbox"/> Exterior LED Lighting  |                                           |                                       |
| 10. Special Needs: Will you require wheelchair accessibility?                                        |                                               | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No               |                                       |
| If so, how many wheelchair tie down positions do you require? _____                                  |                                               |                                                 |                                           |                                       |
| 11. Where will the vehicle be operating? (City and State) _____                                      |                                               |                                                 |                                           |                                       |

### Customer Contact Information

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_