



# NEW "HEAVY-BUS" PURCHASE SURVEY FORM

Please complete and return via fax to Jack Santa at 440-543-4131  
or email to [jacksanta@integritygroupus.com](mailto:jacksanta@integritygroupus.com)

**If available, please attach RFP/Bid Specifications**

1. Desired engine:  Diesel  Gas  CN6  Other

2. What application will the bus be used for? \_\_\_\_\_

3a. What is the desired seating capacity? Please check a bus model/type:  
 Ford Van 4-15  Universal 15-25  Easy-On 15-28  
 Titan 25-45  Apollo 27-40

3b. What type of seating is desired?  Perimeter  Forward  
 If "Forward Seating," please check preferred style:  Recliner  Rigid

3c. What is the desired seat type?  High-Back  Mid-Back  Low-Back  
 If Mid- or Low-Back, are Grab Handles desired?  Yes  No

3d. What is the desired seat material and quality level?  
 Cloth Quality level:  1  2  3  4  5  6  
 Vinyl Quality level:  1  2  3  4

3e. What is the desired seating color? \_\_\_\_\_

3f. Are seat belts required?  Yes  No  
 If yes, what is the desired style?  Retractable  Lap  3 Point

4. Are there tight turning radiuses, height restrictions or other concerns in shuttle loop? Explain. \_\_\_\_\_

5. Is luggage storage required?  Yes  No  
 If yes, please indicate type.  Interior Compartment  Rear Compartment  Overhead

6. Exterior: Are graphics required?  Yes  No  
 Exterior Paint Color: \_\_\_\_\_

7. Chassis Preference:  Ford  GMC  Freightliner  Workhorse

8. What exact date are the buses required to be "in-service?" \_\_\_\_\_

9. Options interested in:  
 Alternator Upgrade to 200 amp  Street Side Exhaust  Slide-out Battery Tray  
 Enclosed Seat Kick Panels  Rear Help Bumper  Hour Meter  
 2-Way Radio Prep Package  Chrome Wheel Inserts  Front-lit Sign  
 More-Ride Rear Suspension System  Low-Floor  Manual Door  
 Electric Door  Exterior LED Lighting

10. Special Needs: Will you require wheelchair accessibility?  Yes  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 \_\_\_\_\_