



NEW BUS PURCHASE SURVEY FORM

(Please complete and return via fax to Jack Santa at 440-543-4131)

Or email to jacksanta@integritygroupus.com

If Available, Please Attach RFP/Bid Specifications	
1. Do you have a Ford or GM Fleet Number?	If yes, fleet number: _____
2. What application will the bus be used for? _____	
3a. What is the desired seating capacity? Please check a bus model:	<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 <input type="checkbox"/> Concorde 29-45
3b. Is <input type="checkbox"/> Perimeter Seating or <input type="checkbox"/> Forward Seating required? 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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Vinyl Quality Level? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
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 seatbelt	
4. Are there tight turning radius, height restrictions or other concerns in shuttle loop? Explain: _____	
5. Is Luggage storage required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Overhead If yes, please indicate type. <input type="checkbox"/> Interior luggage compartment <input type="checkbox"/> Rear compartment	
6. Exterior: Are graphics required? <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior Paint Color: _____	
7. Will there be standees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Diesel engine <input type="checkbox"/> Manual Door
	<input type="checkbox"/> Electric Door <input type="checkbox"/> Exterior LED Lighting
10. Special needs: Will you require wheelchair accessibility? _____ 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 _____	DATE _____
COMPANY NAME _____	CITY & STATE _____
PHONE NO. _____	FAX NO. _____
E-MAIL _____	CELL NO. _____