



NEW BUS PURCHASE SURVEY FORM

Please complete and return via fax to Jim LaRocco at 440-543-4131
or email to jimlarocco@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:	Ford Van 4 -15 Easy-On 15-28 Apollo 27- 40	Universal 15-25 Titan 25-45 Concorde 29-45
3b.	Is Perimeter Seating or Forward Seating required? If Forward Seating, please check preferred style.	Recliner	Rigid
3c.	What is the desired seat type? If Mid- or Low-Back, are Grab Handles desired?	High Back Yes	Mid-Back 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? If yes, what is the desired style?	Yes No Retractable Lap	3 Point seatbelt
4.	Are there tight turning radius, height restrictions or other concerns in shuttle loop? Explain: _____		
5.	Is Luggage storage required? If yes, please indicate type.	Yes No Interior luggage compartment	Overhead Rear compartment
6.	Exterior: Are graphics required? Exterior Paint Color: _____	Yes No	
7.	Will there be standees?	Yes No	
8.	What exact date are the buses required to be "in-service"? _____		
9.	Options interested in:	Street side exhaust Rear help bumper Chrome wheel inserts Diesel engine Electric Door	Slide-out battery tray Hour meter Front-lit sign Manual Door 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. _____