Inquiry Sheet

Serial No.

INTERNAL USE ONLY

Please fill out this form and email us at "monob2b@mydome.jp".

Inquiry Date	/ / (mm/dd/yyyy)

Company Name	Please fill out the details including Division, Department or Section Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
Position and Title	Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
Name	First Last Middle Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
Mailing Address	Address: Postal Code: Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
Phone/Fax	Phone: Fax: Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
E-mail	Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)
Company URL	http:// Do you allow us to disclose this information to others when searching for your partners? (Yes/ No)

Product / Technology* of Interest *Details of your inquiry or specific products/technologies you are interested in.	☐ 1: Parts/Components	
	☐ 2: Manufacturing/Processing	
	☐ 3: Machinery/Devices/Equipment	
	☐ 4: Electronics	
	☐ 5: Optics	
	☐ 6: Chemicals	
	☐ 7: Plastics	
	☐ 8: Packing/Printing/Textiles	
	☐ 9: Consumer Goods and Appliances	
Nature of Inquiry	☐ Considering introduction to your company ☐ Just interested in ☐ Others (i.e. for research or investigation)	
Details of Inquiry	☐ Samples request ☐ Price/cost quotation ☐ Further Information ☐ Detailed information or brochures on products or technologies *Please provide details below. ( )	
Specific Description of Inquiry*	*Please describe as specifically as possible. In case the space below is insufficient, please attach additional sheets including any pictures, drawings or diagrams if necessary. *If you have detailed technical demands or specific requirements on the contract, please describe them as much as possible.	
Contact Method	Desired Response Date: (by) / / (mm/dd/yyyy) ☐ As soon as the candidate partner(s) respond respectively ☐ Respond in summary by the designated date ☐ Other ( )	