

INITIAL ENQUIRY FORM

*Indicates Required Information – Please give as much detail as possible

Project Name*	<input type="text"/>
Location*	<input type="text"/>
Hotel Star Rating*	<input type="text"/>
Client Details*	<input type="text"/>
Contact Details*	<input type="text"/>
Email*	<input type="text"/>
Main Contractor*	<input type="text"/>
Project Budget*	<input type="text"/>
Total Number of Rooms*	<input type="text"/>
Standard Room Size*	<input type="text"/>

Variety of Room Types & Quantities of Each Room Design

Key Project / Client Parameters - E.g. Modular Risers Desirable, Modular Roof Required, Difficult Site Location

INITIAL ENQUIRY FORM

Design Stage

Development / Planning Permit
Stage

Sample Room Requirements

Sample Room Delivery Date

Scope of Work

Build Type*

Main Contractor Start on Site Date

Polcom Delivery to Site Date

Handover Date

Full Legal Name & Territory or
Residence of the Entity that will be
placing any orders

Full Legal Name & Territory of the
entity that will be guaranteeing the
ordering entity's financial
obligations

Proposed Funding Arrangement

Other Contact Details

INITIAL ENQUIRY FORM

Any Further Information

Thank you for your enquiry. We will aim to contact you ASAP once in receipt of this form with all mandatory fields complete.

Please visit www.polcommodular.com for more information on our past and present projects.