



**FAX To 01480 123456**

**Request for Quote**

Fleet Control Sales Team  
Marshall Leasing  
Address here

### 1. Company Information

Number of Assessments required at Company Level

Number of Employees in your Organisation

Do you require a self-managed solution?

Yes / No

*We will help you with a set up phone call and deal with your queries via email over the period of the licence*

Do you require a "Kick Start"?

Yes / No

*Some of our clients request a short half-day session to look at the outputs of the Risk Assessment and to help them think through the next 12 month plan.*

Do you require a fully- or part-managed solution?

Yes / No

*Some clients have no resource and ask us to manage the risk area and all the suppliers for them. This is our expertise as outsourced providers.*

### 2. Your Details

Company:

Address 1:

Contact Name:

Address 2:

Job Title:

Town/City:

Telephone:

County:

Email:

Post Code:

Date:

### 3. The Next Step

We will acknowledge receipt of this request for quote by sending an email to the address you have given above, together with the pricing for the system you require.

Should you wish to proceed with an order, please complete and return it to us as instructed on that form.