

# SHELF WORKS® SHELF MANAGEMENT SYSTEM INQUIRY FORM

## Inquiry Form for Shelf Management

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

No. of Stores	No. of Shelves per Store	Shelf Width	Shelf Depth	No. of Facings per Shelf

**Shelf Type:**  Gondola  Wood  Metal  Wire  Glass

**Mounting:**  Pushbuttons  Adhesive  Magnetic

**Shelf Manufacturer:** \_\_\_\_\_

**Type of products being used:** \_\_\_\_\_

*(If using a pusher or gravity feed system)*

**Approximate weight and dimensions of products:**

\_\_\_\_\_

**Comments/Special Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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