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**MACHINE VISION APPLICATION INFORMATION**

Thank you for your interest in FSI Technologies Inc. We are interested in finding out about your automatic inspection needs. If you would like for someone to contact you regarding implementing machine vision, please take a minute to complete this customer information form and send it to
 **fax#:** **630-932-0016** or **email**: c**ustomerservice@fsinet.com** using the information listed below. We will review it and contact you as soon as possible. We look forward to learning more about your application and to potentially working with you in the future.

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| **Today’s Date** | 3/27/2015 |
| **Name** | Click here to enter text. |
| **Company Name, Address** | Click here to enter text. |
| **Email**  | Click here to enter text. |
| **Phone**  | Click here to enter text. |
| **Application (items to be inspected or moved)** |
| Click here to enter text. |
| **Inspection mission – what do you want to find** |
| Click here to enter text. |
| **Brief description of movement of the products through the inspection area** |
| Click here to enter text. |
| **Do you have samples available to send at this time?** | Yes [ ] No [ ]  |
| **Nature of Inquiry?** | Choose an item. |
| **Expected timing and approvals process** | Click here to enter text. |
| **To what extent are you currently using vision** | None Limited Fully Extensively[ ]  [ ]  [ ]  [ ]  |
| **Other relevant details we should know** | Click here to enter text. |