

CUSTOMER ENQUIRY FORM



UNMANNED AERIAL IMAGING

CUSTOMER DETAILS

CUSTOMER NAME:

COMPANY NAME:

BILLING ADDRESS:

POSTCODE:

TELEPHONE:

LOCATION NAME:

LOCATION ADDRESS:

POSTCODE:

ON-SITE CONTACT NAME:

ON-SITE CONTACT TELEPHONE:

IS THERE VEHICULAR ACCESS:

LANDOWNER EMAIL (PERMISSION OF LANDOWNER LEGALLY REQUIRED):

FOR VUEAV INTERNAL USE

JOB NUMBER:

DATE OF ENQUIRY:

DATE REQUIRED:

QUOTED PRICE:

SITE VISIT:

CONGESTED AREA:

RISK ASSESSMENT:

UAV TO USE:

LATITUDE:

LONGITUDE:

CLIENT EMAIL:

BRIEF DESCRIPTION OF WORK REQUIRED

PLEASE LIST ANY KEY SHOTS REQUIRED