
LED Video Wall Quote request form (ver. 1.1)

Customer Name: _____
Contact info: _____ Phone: _____ Email: _____
Project Name: _____
Targeted installation completion date: _____
Installation Site Location: _____

Video Wall Size: (L)_____ft. x (H) _____ft.
(Format requirement: 1. 4:3 2. 16:9 or other:_____)

Installation Method: 1. *Wall mount* 2. *Rigging* 3. *Free Standing* 4. *Other*
Installation site conditions: (Please explain in details of what site conditions look like)

- Wall Type:
- Floor Type:
- Ceiling Type:
- Other structure description or limitations

(Pictures of installation site can be attached to this document)

Installation time constraint: 1. *Flexible* 2. *Day time only* 3. *Evening time only*

Resolution Requirement: _____ (L pixels) x _____ (H pixels)
Brightness condition:

Average Viewing distance: _____ft.
Minimum View Distance: _____ft.
Max Viewing angel requirement: Horizontal _____° Vertical _____°

Business use case description:
(What is main business needs of installing a video wall and how will it be used in daily applications)