

**QUESTIONNAIRE FOR
LOUNGE SEATING, UPHOLSTERED (SECTIONAL AND GANGED SEATING)**

Vendor should make additional copies of this form as necessary, and must use a separate copy for each series submitted.

Date: _____
Name of submitting firm: _____
Address: _____
Person completing survey: _____ Phone: (_____)_____
Email address: _____

Manufacturer: _____
Mfr/model number as designated in catalog: _____
Number and/or date of referenced catalog/price list: _____
Date this model was first put into production: _____
Is this model offered exactly as specified in catalog, without modification? _____(yes/no).

Please list below typical dimensional attributes, in inches or degrees, of your products for the classifications.

SECTIONAL

-Rectangular Ends:

Cushion Size: _____x_____ in.
Cushion Thickness: _____ in.
Back Height_____ in.
Seat Height_____ in.

-Wedge Section(s):

Wedge Angle_____ deg.
Wedge Angle_____ deg.
Cushion Thickness: _____ in.
Cushion Depth: _____ in.
Back Height_____ in.
Seat Height_____ in.

-Ottoman:

Cushion Size_____x_____ in.
Cushion Thickness: _____ in.

GANGED MULTIPLE SEATING

-Chair:

Cushion Size: _____x_____ in.
Cushion Thickness: _____ in.
Back Height_____ in.
Seat Height_____ in.
Arm Height_____ in.

-Table:

Square Surface Size_____x_____ in.
"L" Surface Size:_____x_____ in.

Table Height _____ in.

I have reviewed Specification 7110-15, obtained from the P&C Web site (<http://www.doa.state.nc.us/PandC/>), and affirm that all products offered comply with the requirements of the specification? Yes/No_____

END OF QUESTIONNAIRE