



COMMERCIAL AND INDUSTRIAL FORMS DETAILS

1. BASIC SITE & CLIENT INFORMATION

Date of Site Visit: _____

Branch Name: _____

Sales / Engineer Name: _____

Client / Company Name: _____

Site Address:

Industry Type: _____

Contact Person Name: _____

Designation: _____

Mobile Number: _____

Email ID: _____

2. WATER SOURCE & WATER QUALITY DETAILS

Water Source:

Borewell Municipal Tank Other: _____

Approx. Daily Water Consumption: _____

Purpose of Water Usage:

Process Cooling Boiler Domestic Other: _____

Water Hardness (PPM, if available): _____

Scaling Issue Observed:

Yes No



COMMERCIAL AND INDUSTRIAL FORMS DETAILS

If Yes, describe:

3. EXISTING SYSTEM & PROBLEM IDENTIFICATION

Existing Water Treatment / Softener System:

Yes No

Details of Existing System:

Problems Faced by Customer:

- Scaling
- High Maintenance Cost
- Frequent Breakdown
- Chemical Usage
- Other: _____

Maintenance Frequency: _____

Customer Expectations:

4. AREA OF APPLICATION

Application Area:

- Boiler
- Cooling Tower
- Heat Exchanger
- Pipeline
- Process Line
- Other: _____

Pipe / Line Size: _____

Operating Pressure: _____



COMMERCIAL AND INDUSTRIAL FORMS DETAILS

Operating Temperature: _____

5. TECHNICAL & COMMERCIAL OBSERVATIONS

Ekotex Installation Feasible:

Yes No

Recommended Ekotex Model / Capacity:

Quantity Required: _____

Site Constraints / Risks (if any):

Accessories / Modifications Required:

6. COMMERCIAL DISCUSSION SUMMARY

Customer Interest Level:

High Medium Low

Budget Discussed:

Yes No

Expected Decision Timeline: _____

Decision Maker Identified:

Yes No

7. COMPETITOR & MARKET INFORMATION

Existing Competitor Solution (if any):

Competitor Price Range: _____



COMMERCIAL AND INDUSTRIAL FORMS DETAILS

Customer Remarks / Comparison:

8. PHOTOGRAPHS & ATTACHMENTS

- Site Photographs Taken
 - Existing System Photographs
 - Problem Area Photographs
 - Drawings / Technical Documents Collected
-

9. FOLLOW-UP & ACTION PLAN

Next Action Required:

- Quotation
- Demo
- Technical Discussion
- Follow-up Meeting
- Other: _____

Responsible Person: _____

Expected Follow-up Date: _____

10. EXECUTIVE REMARKS

Sales / Engineer Remarks:

Overall Site Assessment:

- Excellent
- Good
- Average
- Not Suitable

Conversion Probability (%): _____



COMMERCIAL AND INDUSTRIAL FORMS DETAILS

Visited By (Name & Signature): _____

Date: _____

Note:

This worksheet must be completed on the same day of the site visit and submitted as per company reporting guidelines. This document is mandatory for all commercial visits.