



Wisdom Audio Custom Quote Questionnaire Form

Page 1

PLEASE COMPLETE ALL SECTIONS BELOW

Dealer Name: _____

Project Name: _____

Need Quote By (Date): _____

Estimated Installation (Date): _____

Estimated MSRP Budget for Speakers, Subwoofers, Amps, and EQ: £ _____

What Type of Quote(s) is Needed:

- ☐ 2-Channel – Please proceed to **Page 2**
- ☐ Distributed Audio - Please proceed to **Page 3**
- ☐ Dedicated Theater/Media Room - Please proceed to **Page 4**

Quick Quote or Full Quote:

- ☐ **Quick Quote**
Good, Better, Best options provided within 2 days w/ no speaker layouts
- ☐ **Full Quote**
Good, Better, and Best options provided within 1 week with room layout, recommended speaker placement (*overhead and elevation drawings must be supplied*), and subwoofer analysis

ONCE ALL REQUIRED FORMS ARE COMPLETED PLEASE EMAIL TO THE FOLLOWING:

- Habitech - Craig Wheeler = Craig.wheeler@habitech.co.uk
- Wisdom Audio - Steve Rutherford = Steve@wisdomaudio.com



2-CH Stereo Quote Room Information Form

Page 2

PLEASE COMPLETE ALL SECTIONS BELOW

Select type of speaker to be used:

Freestanding ☐ On-Wall ☐ Bookshelf ☐ In-Wall ☐ In-Ceiling ☐

Room Dimensions (*HWD*)? _____

Type of Seating (*Single chair or couch*)? _____

If In-Wall, what is the available wall depth (100mm etc)? _____

Is the room sealed or open to other parts of the house? _____

Sub Placement (*if used*)? _____

Where can, and cannot, the subs be placed? _____

Pre-Amp (*What preamp being used*)? _____



Distributed Audio Quote Room(s) Information Form

Page 3

PLEASE COMPLETE ALL SECTIONS BELOW

Zone	Zone Name <i>(i.e., Kitchen, Master Bedroom, etc.)</i>	Critical Listening, Background Listening, or Surround Sound	Speaker Installation Type <i>(In-ceiling, In-wall, On-wall or Freestanding)</i>
Zone 1			
Zone 2			
Zone 3			
Zone 4			
Zone 5			
Zone 6			
Zone 7			
Zone 8			
Zone 9			
Zone 10			
Zone 11			
Zone 12			

If “In-Wall”, speakers are selected, what is the available wall depth? _____
(100mm etc.)

If using subwoofers, where can they be located? _____
(In-Ceiling, In-Wall, In-Floor, Freestanding, and or In-Cabinet)

If “In-Wall” subwoofers are selected, what is the available wall depth? _____
(100mm etc.)



W I S D O M

Dedicated/Media Room Theater Quote Information Form

Page 4

PLEASE COMPLETE ALL SECTIONS BELOW

CUSTOMER EXPECTATIONS & EXPERIENCE

What are the customer's expectations of the space: Will it be for movies only or also music listening? _____

System Design Type: *Dolby Surround, Dolby Consumer ATMOS/DTS:X, Dolby Professional ATMOS Digital Cinema, and or Auro3D?* _____

ROOM INFORMATION

Room dimensions (HWD)? _____ How many rows of seating? _____

Brand of seats being used? _____ What row is the money row? _____

Are there risers, if yes how many? _____ If yes, how tall is each riser? _____

_____ What is the available wall depth to the finished surface (*i.e. 100mm*)? _____

Front Wall _____ Side Walls _____ Rear Wall _____

Is the room sealed or open to other parts of the house? _____

SYSTEM INFORMATION

Type of display being used (*Hard display or Projector*)? _____

If Projector, is a perforated or woven screen being used? _____

Display dimensions (*H&W*)? _____

Center channel location (*behind or under display/screen*)? _____

Left & Right speaker location (*behind or outside of screen*)? _____

Where can and can't the subs be placed? _____

Side Channels (*In-wall or on-wall*)? _____

Rear Channels (*In-wall or on-wall*)? _____

Rear Channels (*In-wall or on-wall*)? _____

Overhead Channels (*In-ceiling or on-ceiling*)? _____

What Surround Processor is being used? _____