



Company Name		Sales Representative		Date
Street Address (each location requires separate form)		Branch Location	Proposed Model(s)	
City, State	Zip Code	Proposed Accessories		
MIS Contact Name	Telephone	Extension	Email or Fax	

Workstation Operating Systems (DOS is not officially supported.)

Vista Qty: ____
 Windows 2000 Qty: ____
 Unix / Linux OS Ver. ____ Qty: ____
 Apple OS Ver. ____ Qty: ____
 Windows XP Qty: ____
 Peer to Peer [Windows SMB]

Printer Languages Used or Desired

IPDS
 PCL Version: ____
 Postscript Version: ____
 Other Version: ____

Server Operating Systems (Please note that our IT specialists are not certified or trained on Unix or Host systems.)

Server 2008
 Novell Netware Version: ____
 Unix / Linux Mfr: ____ Version: ____
 Windows 2000
 NDPS Version: ____
 AS/400 Version: ____
 Windows 2003
 Macintosh Version: ____
 Other: ____

Network Environment

Dedicated electrical outlets and "live" network port near the equipment.
 Parallel (limitations)
 Wireless IEEE Std Type ____
 Ethernet 100 1000
 USB (limitations)
 Access Points # ____
 Other ____

<p>Protocols Used</p> <p> <input type="checkbox"/> TCP/IP Printer IP Address = ____. Optional Copier IP Address¹ = ____. Subnet Mask = ____. Gateway Address = ____. DNS Address = ____. (If scanning to FTP) FTP Address = ____. Email SMTP Server Address = ____ </p>	<p> <input type="checkbox"/> IPX / SPX Type ____ <input type="checkbox"/> Bindery Context: ____ <input type="checkbox"/> NDS: ____ <input type="checkbox"/> Object Name: ____ <input type="checkbox"/> Other Protocol: ____ LDAP Address = ____. ¹ Only select models offer this feature. </p>	<p>Customer MIS Admin Support</p> <p> <input type="checkbox"/> Local <input type="checkbox"/> Remote Contact Name & No. _____ _____ _____ </p>
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List Special Software Applications and Versions Used (Other than standard Microsoft Applications)

<input type="checkbox"/> Adobe ____	<input type="checkbox"/> Quark ____	<input type="checkbox"/> Fiery/Command Workstation ____
<input type="checkbox"/> Omnipage ____	<input type="checkbox"/> DocuShare ____	<input type="checkbox"/> Scan to PC Desktop ____
<input type="checkbox"/> Remark OMR ____	<input type="checkbox"/> Smart Send ____	<input type="checkbox"/> Equitrac ____
<input type="checkbox"/> eCopy ____	<input type="checkbox"/> Scanflow Store ____	<input type="checkbox"/> AutoCAD ____

Please complete this section for installing any type of scanning:

All manipulation software (Photo Shop, Acrobat, OCR) etc. will be provided or purchased by the customer.

Scanning Services to be installed (Check all that apply)
 Scan to e-mail
 Scan to FTP ²
 (If email option is selected please indicate on-site or 3rd party provider)
 Scan to Folder-SMB
 In-house E-mail Server System ____
 Scan to Mailbox-HD
 Email provided by outside source ____
 Scan via TWAIN
 (Email Server must use Port 25 and not require SSL Encryption)

Does the MIS contact have administrative rights to this Network? Yes No

² Customer must have FTP services running on their network.

THIS FORM MUST BE SUBMITTED AND APPROVED PRIOR TO DELIVERY AND INSTALLATION OF EQUIPMENT.

Customer's Signature _____ Name _____ Date _____