

FUJITSU

FCPA TRY& BUY PROGRAM

Reseller Information:

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Contact: _____ Title: _____
Phone: _____ Email _____

I am requesting evaluation equipment for.

End User Evaluation Proof of Performance Scanner Model:
Software Testing Other Business Opportunity Part Number:
Comments:

Evaluation Period: 30 Days

The following terms & conditions apply to Purchase orders for evaluation equipment:

1. All requests will be evaluated based on the completed information.
2. I agree to pay reasonable costs associated with repairing any damage to the product(s) that occur while in my possession resulting from improper usage, negligence or accident.
3. I have attached a purchase order for the equipment listed on this order form.
4. If product is returned (not purchased) I agree to contact my distributor to request an RMA (Return Materials Authorization) number and return all equipment freight pre-paid. You must ship back to Fujitsu with assigned RMA number within 35 days from original customer ship date.

Distributor Approval:

(Print Name)

(Signature)

(Title)

(Distributor)

Purchase Order Number: _____ Date: _____

*Please Note: FCPA **will not** process this request, unless this form is complete and accompanied with a Customer Purchase Order.*

Sales

Marketing

Finance

FCPA Authorization
Number: |

Date: |

Serial
Number:

End-User Information:

Company _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Contact: _____ Title: _____
Phone: _____ Fax: _____

Opportunity Profile:

1. What is the software product being used?
2. What drivers does this software require? (KIPP, Image Controls, ISIS, TWAIN, etc...)
3. Describe the current Operating System.
4. What interface board are you using? What DPI setting are you scanning at?
5. What is the application? (Document Imaging, Forms Processing, OCR, Workflow, COLD, Archive, etc..)
6. What are the specific type and size of documents to be scanned/managed?
7. Average number of documents per day.
8. Are more than 20% of the documents double sided?
9. Is a duplex scanner required?
10. What are the most important features that will be evaluated?
11. How much does the customer have budgeted for this project?
12. Number of scanners on the proposal.
13. What other scanners being evaluated? Include model and manufacturer.
14. What is the purchase timeframe?

Reseller Approval:

(Print Name)

(Signature)

(Title)

(Company Name)