

# 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)