



LEADERS IN LABEL DESIGN & PRINTING

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Date: _____

THIS FORM IS TO BE COMPLETED IN FULL PRIOR TO THE PRINTER BEING ORDERED

DETAILS OF SOLUTION SOLD

Printer details: Model: _____ Serial #: _____
Additional equipment: _____

Client Name: _____
Business Address: _____

Contact Person: _____ Number: _____
IT Contact: _____ Number: _____
Sales Representative: _____ Number: _____

CLIENT PC INFORMATION

Server Operating System Windows | _____ | 32 Bit | 64 Bit
PC Operating System: Windows | _____ | 32 Bit | 64 Bit
Number of Users: _____
Is there a password rotation policy? Yes No

Connection: USB: _____ Parallel: _____
Network: _____ Other: _____

Network Installations: IP Address: _____ Subnet Mask: _____
Gateway: _____ DNS: _____
Will there be IT support on site? YES NO WINS: _____

INSTALLATION REQUIREMENTS

Client has ribbons in stock:? Y / N Size Required: _____
Client has blank labels in stock? Y / N Size required: _____

Sufficient Plugs available: YES NO Cable supplied: USB only, client to supply
different variants

Client Signature _____

Client IT Signature _____