

## Scanner Quote Request Form

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Options Desired** (circle all): Auto Doc Feed Duplex Full Color Networked 11 x 17

**Daily Volume** (circle one): 1000 to 3000 3000 to 6000 6000 to 10000 over 10000

**Price Range** (circle one): Under \$1000 \$1000 to \$3000 \$3000 to \$6000 Over \$6000

**Monthly Lease** (circle one): Under \$50 \$50 to \$100 \$100 to \$150 Over \$150

**Service Contract** (circle one): Yes No

**Type of Network** (circle all): Windows Mac Unix Linux Server Based

**Number of Workstations:** Less than 5 5 to 10 10 to 20 Over 20

**Time Frame** (circle one): Less than 30 days 30 to 60 days 60 to 90 days over 90 days

**Preferred Contact Method:** Phone Email Mail

Please fill out this form completely and either email to [jpolites@sterlingofficesystems.com](mailto:jpolites@sterlingofficesystems.com) or you can fax back to 248-427-1909. If you have any questions please call 248-426-6200