

# GENICOM CORPORATION

## 15 DAY PRINTER TRY-IT/BUY-IT APPROVAL FORM

**Tracking #:** \_\_\_\_\_

### GENICOM Approval:

Product Model:	_____
Serial Number:	_____

Sales Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Nat'l Acct Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Application Engineer: \_\_\_\_\_

Channel Mgmt: \_\_\_\_\_ Date: \_\_\_\_\_

To be shipped from: (✓ appropriate box) \_\_\_\_\_ National Distributor \_\_\_\_\_ Reseller \_\_\_\_\_ GENICOM

Nat'l Distributor: \_\_\_\_\_

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

Reseller: \_\_\_\_\_ Customer (End User): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HOST SYSTEM:

System Type: (IBM370, DEC, VAX, PC System, LAN, etc.) \_\_\_\_\_

Operating System: (UNIX, DOS, OS/2, DEC, IBM etc.) \_\_\_\_\_

Ports: (Serial, Parallel, MUX, Coax, Twinax, etc.) \_\_\_\_\_

Existing Printer: No: \_\_\_\_\_ Is this a new application? \_\_\_\_\_

Yes: \_\_\_\_\_ Brand and Model? \_\_\_\_\_

### IF USED ON A NETWORK, THE FOLLOWING INFORMATION IS NEEDED:

Network Operating System: (Novell, 3Com, Vines, etc.) \_\_\_\_\_

Printer Connection (On server, at workstation, etc.) \_\_\_\_\_

Will customer require connection assistance?: (Yes, No) \_\_\_\_\_  
If yes, what is the interconnection: (ThinNet, Token Ring) \_\_\_\_\_  
Will customer require application support?: (Yes, No) \_\_\_\_\_  
Are specialty drivers required?: (Yes, No) \_\_\_\_\_  
If yes, what applications?: (Windows, WordPerfect, etc.) \_\_\_\_\_

**PRINTER REQUIREMENTS:**

Text: \_\_\_\_\_ Graphics: \_\_\_\_\_ If so, what kind? \_\_\_\_\_  
Barcode: \_\_\_\_\_ If so, what type? (code 39, 2 of 5, CodaBar, etc.) \_\_\_\_\_  
Throughput Rqmts: \_\_\_\_\_ LPM  
Multipart Printing: \_\_\_\_\_ Number of copies: \_\_\_\_\_ Type: (NCR, Carbon, etc.) \_\_\_\_\_  
Emulation Rqmts: \_\_\_\_\_ What type: (ProPrinter, Data Products, etc.) \_\_\_\_\_  
Printer Environment: (Factory, Floor, Computer Room, Office, etc.) \_\_\_\_\_

**MISCELLANEOUS:**

Does customer require installation? (Yes, No) \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_  
Special Handling? \_\_\_\_\_  
Special customer requirements? \_\_\_\_\_  
\_\_\_\_\_

