

Demonstration Form

PLEASE USE BLOCK CAPITALS



Demonstration Form

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Contact Details

Mr Mrs Miss Other

Name

Company

Number

Street

Town

Post code

using eNames

Contact Type

Primary User Process Owner

IT Contact Finance

Decision Maker Director

Phone (

eMail

@

Capture Requirements

Do you have an existing manual process (please tick)? Yes No

How satisfied are you with your manual process?

V.Satisfied Dissatisfied

Please indicate your level of Satisfaction with a VERTICAL LINE

Note: this type of field has been especially created by ePC and is not available in the normal TeleForm package

Document Type

Quantity of Documents

Other Comments

- | | | | |
|---|---|-----------------------------------|-----------------------------|
| Structured Forms | Un-Structured Forms | How many? | Per? |
| <input type="checkbox"/> Timesheets | <input type="checkbox"/> Invoices | <input type="radio"/> 0 - 50 | <input type="radio"/> Hour |
| <input type="checkbox"/> Surveys | <input type="checkbox"/> CVs | <input type="radio"/> 51 - 100 | <input type="radio"/> Day |
| <input type="checkbox"/> Inspection Cards | <input type="checkbox"/> Letters | <input type="radio"/> 101 - 1000 | <input type="radio"/> Week |
| <input type="checkbox"/> Applications | <input type="checkbox"/> Delivery Notes | <input type="radio"/> 1001 - 5000 | <input type="radio"/> Month |
| <input type="checkbox"/> Ballots | <input type="checkbox"/> Job Sheets | <input type="radio"/> 5001+ | <input type="radio"/> Year |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="radio"/> Other | <input type="radio"/> Other |

Please Describe

How soon are you planning to impliment a solution (please circle 6 Mths)? 3 Mths 6 Mths 12 Mths 12 Mths +

Account Details

Please fill in your account number and sort code in full:

using eBank

Account Number

Sort Code

Bank Name

Branch Name

Branch Address

These details will be returned by a lookup if the account number and sortcode are valid

Signature

Date