



## Vision

"Define Your Information Workflow Needs"

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### A. Copying

**1. Current Equipment Questions:**

- a) Brand \_\_\_\_\_ Model # \_\_\_\_\_
- b) Do you own or lease? \_\_\_\_\_
- c) Monthly lease payment? \_\_\_\_\_
- d) Lease Expiration Date? \_\_\_\_\_

**2. What do you care about most when copying documents?**

*(Rank in order 1 – 5... starting with 1 being most important to you)*

\_\_\_\_ Copy Quality \_\_\_\_ Ease of Use \_\_\_\_ Equipment Reliability  
 \_\_\_\_ Special Features \_\_\_\_ other *(please specify)* \_\_\_\_\_

**3. In a normal week, how many *Black & White* copies do you make using the copier?**

*(Please circle answer)* 1-500 501-1,000 1,001-1,500 1,501+

**4. In a normal week, how many *Color* copies do you make using the copier?**

*(Please circle answer)* 1-500 501-1,000 1,001-1,500 1,501+

**5. What percent of your copies are made from originals that you created on your printer?** *(Please circle answer)* Less than 5 % 10% 25% 50% 75% 100%

**6. Do you have special paper requirements (i.e. unusual-weight, card stock, transparencies etc.)? If yes, please describe below.**

\_\_\_\_\_

\_\_\_\_\_

7. **Do you have stapling or finishing requirements (i.e. saddle stitch stapling, booklet making, 2 or 3 hole-punch, etc.)?** If yes, please describe below.

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8. **Do you need Tabs capability?** If yes, please describe your current tabs application below.

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9. **Do you send out any of your existing copy jobs?** If yes, why are you outsourcing?  
(Please describe below)

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10. **What are your most frustrating problems with your existing copy system** (i.e. paper mis-feeds, downtime, poor service response time, not enough features, or outdated technology)? (Please describe below)

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11. **Are there any features not existing on your current system that you would like to see on your new equipment?** (Please describe below)

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12. **Please describe below any other comments on your copying needs.**

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## B. Printing

1. **In a normal week, how many prints do you make?**

(Please circle answer) 1-100 101-300 301-600 601+

2. **How often do you make several copies of a *Black & White* document using your laser printer?** (Please circle answer) Less than 10% 25% 50% 75% 100%

3. **How often do you make several copies of a *Color* document using your laser printer?** (Please circle answer) Less than 10% 25% 50% 75% 100%

4. **Why do you make several copies of a document using your laser printer?**

(Please circle answer)

- a) Copier is always broken
- b) Copier is always busy
- c) Copier is too far from desk
- d) I need better quality than the copier provides
- e) It's faster to print on printer than to use copier

5. **What percentage of your printing is confidential?** (Please circle your answer)

Does Not Apply 5% 10% 25% 50% 75%+

6. **Based on the sample documents attached, what is your estimated average toner fill-rate (coverage per page printed)?** (Please circle your answer)

Less than 5% 10% 15-25% 25%+

**7. Are you happy with your existing printer?** If no, please describe below how you would make improvements.

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**8. If you could have copier functions on your printer** (i.e. stapling, duplexing, hole-punching, etc.) and could print from your desk, would this be advantageous? *(Please circle answer)*  
Yes No

**9. Additional comments on printing needs.** (Please describe below)

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### C. Faxing

**1. In a normal week, what is your average fax volume?** *(Please circle your answer)*

1-50 51-100 101-200 201+

**2. What percentage of your outgoing faxes is from originals generated from your printer?** Up to 15% 25% 50% 75% 100%

**3. Are you happy with your existing fax equipment?** If no, what would you improve?

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### D. Scanning

**1. Do you have an existing scanning system?** If yes, please describe below. If no, please go directly to question # 3.

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**2. Would you like to make improvements to your current scanning systems?** If yes, please describe below.

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**3. Please answer True or False for the following questions.** *(Please circle your answer)*

- a) Files are shared by many departments or people at one time. True or False
- b) Files you need are have not yet been filed. True or False
- c) Files or important documents are sometimes missing. True or False
- d) Files that need to be filed are on a desk somewhere. True or False

**4. Which following scanning features would best help your needs?**

*(Please circle any that apply)*

- a) Scan in color b) Scan to file for archiving c) Scan & Convert to a Word document Scan to PDF d) Scan to Tiff e) Scan to file f) Scan to e-mail

**5. How often do you retrieve documents from storage?** *(Please circle your answer)*

- a) Never b) Daily c) Weekly d) Monthly e) Quarterly f) Annually

**6. Do you send documents by an overnight service?** If yes, how often and what is your average monthly expense for doing so?

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**7. How many filing cabinets do you have in your department?** \_\_\_\_\_

**8. What percentage of your documentation, if possible to retrieve easily, could be kept offsite?** \_\_\_\_\_

**9. Do you think a Scanning Solution could make you more efficient overall?** Yes No

**10. Do you see any need for your company to put a Scanning Solution into effect?** If yes, how would doing so help your office?

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