



Questionnaire for Budgetary Quote and Project Tracking

(For Compsee Use) Project ID:

Initiate Date:

Please provide as much information as possible. Compsee will provide a budgetary quote based on the information provided. For RF systems integration, coverage and technical completeness of the system cannot be assured until completion of a Compsee Site Survey. If you have any questions, feel free to contact us at 1-800-628-3888 or 1-321-724-4321.

Email questionnaire to sales@compsee.com or fax to 321-723-2895.

YOUR COMPANY PROFILE

Company Name:			
Street Address:			
City:	State:	Zip:	
Site Contact:	Phone:	Fax:	
Title:	Email:		
MIS Contact:	Phone:	Fax:	
Title:	Email:		

Type of Data Collection Solution Considered: (Mark all that apply)	<input type="checkbox"/> RF (real-time)	<input type="checkbox"/> Batch	<input type="checkbox"/> Software, and /or Programming	<input type="checkbox"/> Not Sure, or Don't Know
1. Application (Mark all that apply)	<input type="checkbox"/> Shipping/Receiving	<input type="checkbox"/> Put Away	<input type="checkbox"/> Cycle Counting	<input type="checkbox"/> Picking
	<input type="checkbox"/> Asset/Inventory Tracking	<input type="checkbox"/> WMS	<input type="checkbox"/> CRM	<input type="checkbox"/> Field Sales
	<input type="checkbox"/> Other: _____			
2. Type of Facility:	<input type="checkbox"/> Distribution Center / Warehouse	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail / Point of Sale	<input type="checkbox"/> Office Environment
	<input type="checkbox"/> Government	<input type="checkbox"/> Hospital / Healthcare	<input type="checkbox"/> Other: _____	
3. Type of Business:	<input type="checkbox"/> Chemical / Pharmaceutical	<input type="checkbox"/> Food /Beverage	<input type="checkbox"/> Automotive	<input type="checkbox"/> Health Care
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Electronics	<input type="checkbox"/> Textiles/Apparel	<input type="checkbox"/> Business Services
	<input type="checkbox"/> Other: _____			
4. Number of Employees:	<input type="checkbox"/> 1-50	<input type="checkbox"/> 100-250	<input type="checkbox"/> 500-1000	<input type="checkbox"/> Over 2500
	<input type="checkbox"/> 50-100	<input type="checkbox"/> 250-500	<input type="checkbox"/> 1000-2500	
5. Annual Sales:	<input type="checkbox"/> Less than \$100K	<input type="checkbox"/> \$500K-\$1 Mil	<input type="checkbox"/> \$5-10 Mil	<input type="checkbox"/> Over \$20Mil
	<input type="checkbox"/> \$100-500K	<input type="checkbox"/> \$1-5 Mil	<input type="checkbox"/> \$10-20 Mil	
6. Does your firm use Bar Coding now?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please describe application: _____			
7. How many units are you considering?	<input type="checkbox"/> 1-5 Terminals	<input type="checkbox"/> 10-15	<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-50
	<input type="checkbox"/> 5-10	<input type="checkbox"/> 15-20	<input type="checkbox"/> Other: _____	
8. Is Your Project Budgeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Timeframe to Implement System?	<input type="checkbox"/> Immediate	<input type="checkbox"/> 2-3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 6-12 months
	<input type="checkbox"/> Other: _____			

SYSTEMS INFORMATION

10. What System Environment(s) do you support? (Mark all that apply)		
Host:	LANs:	Operating System:
<input type="checkbox"/> IBM AS400/36/38 (I Series)	<input type="checkbox"/> Windows Networking	<input type="checkbox"/> OS/2
<input type="checkbox"/> IBM Mainframe	<input type="checkbox"/> Novel Netware	<input type="checkbox"/> SCO UNIX, AIX, etc
<input type="checkbox"/> IBM RS6000	<input type="checkbox"/> TCP/IP Based	<input type="checkbox"/> Windows 95/98
<input type="checkbox"/> IBM PC	<input type="checkbox"/> Banyan Vines	<input type="checkbox"/> Windows NT/2000
<input type="checkbox"/> DEC VAX	<input type="checkbox"/> Lantastic	
<input type="checkbox"/> HP3000/9000	<input type="checkbox"/> NetBIOS	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

11. Host System currently on a network ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Skip the rest of this section, go to (16)
12. Does it support real-time applications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the system up and running?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Why Not? _____
14. LAN type:	<input type="checkbox"/> Ethernet <input type="checkbox"/> Token Ring <input type="checkbox"/> Serial	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Sure
15. Connection:	<input type="checkbox"/> Cat 5 <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Thinnet	<input type="checkbox"/> Thicknet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Sure
16. If you have an ERP System, what type is it?	<input type="checkbox"/> SAP <input type="checkbox"/> JD Edwards	<input type="checkbox"/> Baan <input type="checkbox"/> Oracle <input type="checkbox"/> Peoplesoft <input type="checkbox"/> Other: _____

PERFORMANCE & OPERATION INFORMATION

16. Application Areas (Mark all that apply)	Anticipated Number of Terminals in use Per Shift	Anticipated Number of Inbound Transactions/Hr	Anticipated Number of Outbound Transactions/Hr
Shipping / Receiving			
Put Away			
Cycle Counting			
Asset/Inventory Tracking			
WMS			
CRM			
Field Sales			

PHYSICAL LAYOUT (FOR RF SYSTEMS)

Attach a clear drawing (Blueprint preferred) of the facilities showing:

- A. Areas in which coverage is required
- B. Dimensions of building
- C. Relative locations of buildings (if more than one)
- D. Location of host computer & Wiring Closets/Hubs
- E. Location of existing LAN cabling (if any)

17. Number of Buildings Requiring RF Coverage: _____

Building # 1			
Facility Square Footage: _____	Number of Floors: _____	Ceiling Height: _____	
Square Footage of Coverage: _____	Number of Rooms: _____	Rack Height: _____	
Building # 2			
Facility Square Footage: _____	Number of Floors: _____	Ceiling Height: _____	
Square Footage of Coverage: _____	Number of Rooms: _____	Rack Height: _____	
Building # 3			
Facility Square Footage: _____	Number of Floors: _____	Ceiling Height: _____	
Square Footage of Coverage: _____	Number of Rooms: _____	Rack Height: _____	

SPECIAL SITE CONSIDERATIONS

18. Environment: (Mark all that apply)	<input type="checkbox"/> Freezer/Low Temperature	<input type="checkbox"/> Clean Room	<input type="checkbox"/> Hazardous Material
	<input type="checkbox"/> High Temperature	<input type="checkbox"/> Security Clearance	<input type="checkbox"/> Outdoor Coverage
	<input type="checkbox"/> Moisture/Rain/Snow	<input type="checkbox"/> Other (describe): _____	
19. Safety Equipment Required?	<input type="checkbox"/> None	<input type="checkbox"/> Footwear	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Respirator
	<input type="checkbox"/> Glasses	<input type="checkbox"/> Apparel	<input type="checkbox"/> Ear Protection
20. Insurance Certificate Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21. RF Redundancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22. Union Facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPLICATION SOFTWARE INFORMATION

23. Does Application Software exist now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
24. If YES, does it support real-time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If Application Software does not exist, do you expect to:

25. Write your own Application Software?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Use a 3 rd party Software Provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. If YES, may we contact them to discuss any RF considerations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPECTRUM 24 COMPONENTS (Leave Blank if Not Sure)

LAN Infrastructure Components:	<input type="checkbox"/> Ethernet Access Point Qty: _____	<input type="checkbox"/> Wireless LAN PC Card Qty: _____	<input type="checkbox"/> ISA Bus Adapter Qty: _____		
	<input type="checkbox"/> Token Ring Access Pt Qty: _____	<input type="checkbox"/> Wireless LAN Hub Qty: _____	<input type="checkbox"/> Other: _____ Qty: _____		
	Notes:				
Terminal Type:	<input type="checkbox"/> Apex III Qty: _____	<input type="checkbox"/> PDT 6800/40 Qty: _____	<input type="checkbox"/> PDT 6100/40 Qty: _____	<input type="checkbox"/> VRC 6940 Qty: _____	<input type="checkbox"/> VRC4040 Qty: _____
	<input type="checkbox"/> PDT WSS 1040 Qty: _____	<input type="checkbox"/> SPT 1700/40 Qty: _____	<input type="checkbox"/> NetVision Qty: _____	Other: _____	Qty: _____
	Notes:				
Software Type:	<input type="checkbox"/> Twin Client Qty: _____	<input type="checkbox"/> MCL Qty: _____	<input type="checkbox"/> Wavelink Qty: _____	<input type="checkbox"/> Other: _____ Qty: _____	
	Notes:				

PROJECT DOCUMENTATION (This section for Compsee use only)

PRELIMINARY QUOTE	
Quote Prepared by:	Quote Date:
	Delivered to Customer on:
PROFESSIONAL SERVICES	
Professional Services Associate:	Quote Reviewed, Date:
	Proposal Reviewed, Date:
SITE SURVEY	
Site Survey Associate:	Requested Survey Date:
	Survey Completed on:
PROPOSAL	
Proposal Prepared By:	Proposal Date:
	Delivered to Customer on:
INSTALLATION	
Project Managed By:	Scheduled Date:
	Installation Completed on:
CUSTOMER SATISFACTION FOLLOW UP	
Compsee Contact:	Followed up on:
	2 nd Follow up on:



1. Is there anyone else within your company's that may be involved in the decision making process? Please include phone and email information.

[illegible][illegible]