Leased Copier Placement Form

Department
Name
Location
Mail stop
Dept ID

Key Operator:
Name
Phone
Fax
e-mail

Current copier:
Leased or owned?
Brand
Model
Serial #
If leased
Meter reading
if leased
date
If leased
Estimated volume
/copies per month

Disposition of current copier when new equipment is installed?

New copier:
Brand
Model
Options wanted

Are you interested in networking your new copier?
Now
Latter

Comments: