

Equipment Profile

Simply complete the information below and we will prepare a **customized price list & fax order form** identifying the supplies you need for specific office equipment applications.

Company Name	Contact Name	Phone	Fax
--------------	--------------	-------	-----

Do you prefer to use: OEM Compatibles Remanufactured
Do you currently use remanufactured compatible items: Yes No
If not, would you like us to quote if they are available: Yes No

Laser Printers

Part #	Make/Model #	Usage/Month

Copiers

Part #	Make/Model #	Usage/Month

Fax Machines

Part #	Make/Model #	Usage/Month

Inkjet Printers

Part #	Make/Model #	Usage/Month

Impact Printers (Ribbons)

Part #	Make/Model #	Usage/Month

Magnetic Media (Back-up Tapes)

Part #	Drive Type	Usage/Month

Paper

Part #	Description	Usage/Month

Other

Part #	Description	Usage/Month

Comments:
