

All Inclusive Program

Evaluation Form

The nature of the program is the customer gets free Printers, Toners & Maintenance (inclusive of labour and mechanical part) base on current expenditure of consumables.

This program is a customize program whereby there is no fixed charges given, because the charges will be based on the expenditure of current printer consumables.

Upon knowing the usage, we will be able to work out the charges and replace the existing old printer with Fuji Xerox Printers. You are not required to spend extra on consumables, compare with your current expenditure.

The maintenance of the printers will be covered according to the years of contract period proposed.

Few ticks away for FREE Printers:

No.	Brand/Model	Quantity	Frequency Of Toner Replacement		
1			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
2			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
3			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
4			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
5			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
6			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
7			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
8			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
9			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
10			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
11			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
12			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____
13			<input type="checkbox"/> Once a month	<input type="checkbox"/> 2 months once	<input type="checkbox"/> Other,_____

Kindly fax to us at +603-7981 6414

Company Name : _____

Address : _____

Tel : _____ Fax : _____

Contact Person : _____ Mobile : _____

Email : _____