

No-Cost Printer Lease

Printer Questionnaire

This survey will help us find a printer that will suit YOUR needs!

Please fax your completed survey to (401) 515-2014

1) What type of printer do you need?

Additional Infor	mation:			
Business Name	:		Phone 	
Contact Name (Required)			Email (Required)	
6) How many s a. 150	heets of pap b. 250	er do you nee c. 500	d each tray to hold? d. 1,000	
a. 1	b. 2	c. 3	d. 4	
5) How many pa				
a. 1 to 2 (500-1000) c. 5 to 6 (2500-300			b. 3 to 4 (1500-2000) d. 7 or more (3500+)	
			oer month? (1 Ream = 500 Sheets)	
d. Networ	rk	e. Wireless	f. Duplex	
3) What functio a. Fax	ons do you ne	ed? (Circle All b. Copy	That Apply) c. Scan	
a. Monoc	hrome	b. Color		
2) What Output	Type do you	need?		
a. Inkjet	D. L	aserjet		