

RETAIL ASSESSEMENT FORM

CUSTOMER INFORMATION

Business Name:

Phone:

Mobile:

Email:

Web:

Business Address:

CONTACT INFORMATION

Contact Person 1:

Contact Person 2:

Designation:

Designation:

Phone:

Phone:

INSTALLATION INFORMATION

Installation Date & Time:

Training Date & Time:

Installation Location:

Training Location:

CONFIGURATION DETAILS

Installation Type: New Running Migration

No. of Devices	Billing Stations:	Delivery Stations:	Server:	Receipt Printers:
	Weighing Scales:	Label Printers:	Cash Drawers:	Barcode Scanners(H/T):

No. of Warehouses: _____ No. of Telephone Lines: _____

Products Catalog	Products Catalog Attached: <input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy
	Price Lists Attached: <input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy
	Barcode Label Sizes:

Payments Accepted: Cash Card Cheque Free Debt Vouchers Reward Points

Receipt Header:

Receipt Footer:

Logo Attached: Soft Copy Hard Copy

Label Format 1:

Label Format 2:

Internet connection available at the premises: Yes No Applied

Email Addresses for POS Reports:

SumUp Service Required: Yes No

Online Catalog Service Required: Yes No

Users & Roles	User	Role	User	Role	

SPECIAL REQUIREMENTS

Note: Information gathered here are required to install and configure the Point of Sale system. Please verify that the information entered meet the business requirements of the customer.

Customer Signature:

Sales Consultant Signature:

Date:

Date: