Estimate/Proposal Request

Company Name:		Legal Business Name:	
Business Type (select one): ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC			
Business Physical Address:		City:	State: Zip:
Business Mailing Address:		City:	State: Zip:
Telephone Number:	Website:	# of employees:	Year Business Established

Contact Information

Requestor Name:		Budget Owner Name:	
Title:		Title:	
Email:		Email	
Business Phone:	Mobile:	Business Phone:	Mobile:

Proposal / Estimate Details

Preferred Proposal Language: ☐ English ☐ Spanish ☐ Any ☐ Other _____

Challenge Description:

Proposal/Estimate Purpose: ☐ Budgeting/Planning ☐ Emergency ☐ Business Request ☐ Compliance Request

Buying Timeframe: ☐ 0-1 month ☐ 2-3 months ☐ 4-6 months ☐ Next Fiscal Year beginning on: _____

Expected Implementation Date: ☐ 0-1 month ☐ 2-3 months ☐ 4-6 months ☐ Fiscal Year starting on: _____

Budget Range:

☐ Less than $5,000	☐ $20,000 - $40,000	☐ $80,000 - $125,000	Other: _____
☐ $ 5,000 - $10,000	☐ $40,000 - $60,000	☐ $150,000 - $200,000	
☐ $10,000 - $20,000	☐ $60,000 - $75,000	☐ More than $250,000	

Current Technology:

Please select all that apply:

☐ Email: Office 365	☐ ERP: SAP	☐ Custom Applications	☐ LDAP
☐ Email: Google	☐ ERP: Great Plains	☐ CRM	Other: _____
☐ Email: Exchange Server	☐ Quickbooks	☐ Active Directory	

Buying Process

Contract: ☐ Our contracting documents ☐ Your Company contracting documents

Required Insurances: ☐ Yes ☐ No If Yes, Please provide Required Insurances.

Location Preference: Remote Onsite: _____ No Preference Other: _____

Comments:

1-800-730-3458 X-2003
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