

Request

FOR MORE INFORMATION

Company / Organization _____ Date _____

Contact Name _____ *Check Preferred Method of Contact:*

Department: _____ ' Phone _____

Street Address _____ ' Fax _____

City _____ ' Email _____

State / Province _____ Zip Code / Postcode _____

Project Information

PLEASE FAX FORM TO: (305) 595 - 7161

Please indicate your kiosk application? (Select all that apply)

' Retail: POS	' Travel	' Human Resources	' Education	' Marketing
' Retail: POI	' Internet Access	' Information	' Wayfinding	' Ticketing
' Insurance	' Food Service	' Exhibits	' Access Control	' Medical
' Mortgage	' Government	' Financial Services	' Other _____	

What operating system do you prefer? _____

When do you require the first unit? _____

Select your preferred kiosk configurations / features:

Traditional Style	' Touchscreen	Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____
' Tower	' Printer	
' Low Profile	' Public Access Keyboard	
' Countertop	' Magnetic Card Reader	
Treeosk™ Style	' Barcode Reader	
' TR-1	' Camera	
' TR-12, TR-17	' Bill Acceptor	
' TR-20	' Other _____	
' TR-100		
' TR-110		