

Solution Pricing

Estimate Questionnaire

Company Contact

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Street Address:	<input type="text"/>	Contact Title:	<input type="text"/>
City:	<input type="text"/>	Contact Phone:	<input type="text"/>
State:	<input type="text"/>	Contact Email:	<input type="text"/>
ZIP:	<input type="text"/>	Company Website:	<input type="text"/>

Company Description

Industry:	<input type="text"/>	Number of Fiscal Calendars:	<input type="text"/>
Product/Service offered:	<input type="text"/>	Number of lines of Business:	<input type="text"/>
Number of Employees:	<input type="text"/>	Number of WHS/Production Locations:	<input type="text"/>
Annual Revenue:	<input type="text"/>	Multi-Step Production:	<input type="text" value="Yes / No"/>
Number of Countries with Operations:	<input type="text"/>	Costing Methods:	<input type="text"/>
Number of Legal Operating Entities:	<input type="text"/>		

Company Checklist

Number of User:	<input type="checkbox"/>	Marketing:	<input type="checkbox"/>
Prefer Cloud-Based system:	<input type="checkbox"/>	Mobility:	<input type="checkbox"/>
Accounting:	<input type="checkbox"/>	Projects:	<input type="checkbox"/>
Compliance:	<input type="checkbox"/>	Purchasing and Sourcing:	<input type="checkbox"/>
Demand Planning:	<input type="checkbox"/>	Quality:	<input type="checkbox"/>
eCommerce:	<input type="checkbox"/>	Sales:	<input type="checkbox"/>
EDI:	<input type="checkbox"/>	Services:	<input type="checkbox"/>
Engineering:	<input type="checkbox"/>	Shipping:	<input type="checkbox"/>
Inventory/Warehouse:	<input type="checkbox"/>	Shop floor control:	<input type="checkbox"/>
Manufacturing:	<input type="checkbox"/>	Other:	<input type="text"/>