



Software Customization Service Request Form

Partner Contact Info:

Partner Name: _____
 Name/Title: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone #: _____
 Fax #: _____
 E-mail: _____

Customer Contact Info:

Business Name: _____
 Name/ Title: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone #: _____
 Fax #: _____
 E-mail: _____

Professional Services Requested:

1. docSTAR Systems/software currently owned by end-user, (if applicable):

2. Anticipated docSTAR system/software purchase in conjunction with customization, if applicable.

3. Brief description of need (one paragraph—details will be rigorously established interactively)

Note: A preliminary design fee applies to this service. The quote includes design, planning, timeline and cost estimates.

docSTAR Official Use Only

Date Received: _____	Sales Director Name: _____	Copied?: <input type="checkbox"/>
Response:		
No Bid: <input type="checkbox"/>	Or	RFQ # _____
Date Sent: _____	Sales Director Name: _____	Copied?: <input type="checkbox"/>