



REMIT TO:

8940 LINDEN LN
PRAIRIE VILLAGE KS 66207-2283

CARTRIDGE/RIBBON USAGE SURVEY FORM

DATE: ___/___/20___ MULTIPLE LOCATIONS? YES (TOTAL: ___) NO

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON(S): _____

E-MAIL(S): _____

PHONE#: _____ FAX#: _____

PRINTING EQUIPMENT / PRODUCT SURVEY

(1)PRINTER MODEL #: _____

(2)PRINTER MODEL #: _____

(3)PRINTER MODEL #: _____

(4)PRINTER MODEL #: _____

(5)PRINTER MODEL #: _____

(OVER)

TOLL-FREE: 1-888-440-IBBI (4224) • LOCAL (CELL): 319-270-6951 • FAX: 1-877-513-IBBI (4224)
E-MAIL: dibbotson@ibbionline.com • WEBSITE: www.ibbionline.com

PRINTING EQUIPMENT / PRODUCT SURVEY
(CONTINUED)

(1) FAX MACHINE MODEL #: _____

(2) FAX MACHINE MODEL #: _____

(1) COPY MACHINE MODEL #: _____

(2) COPY MACHINE MODEL #: _____

(1) POSTAGE METER MODEL #: _____

We can provide OEM (Original Equipment Manufacture) / New Cartridges, if requested, at less than retail prices. Today, however, our compatible cartridges perform as well as, have the same replacement guarantees, and cost much less than OEM / New Cartridges. Thus, **ibbi, lc** is encouraging, recommending, and helping businesses convert to compatibles; so that they can realize the considerable cost savings, without having to sacrifice print quality.

1. How many times a year do you order? _____
2. Which of the following do you use? (1) COMPATIBLE (2) OEM / NEW
3. Are your current cartridges High Yield? YES NO
4. Do you currently participate in a printer/fax/copier service agreement? YES NO
5. Are you interested in purchasing new or pre-owned printing equipment? YES NO

REMARKS: