



Dear _____

Thank you for choosing VRP as your Point Of Sale and Inventory Management system.

In order to smooth your installation process, Please complete the below questionnaire.

We appreciate your time and effort in filling out this questionnaire

Customer questionnaire

Fill in the following questionnaire, one page per store.

For any questions, call Dafna at 888-767-4004 ext: 201

Use the following guidelines when filling the questionnaire:

Where a question is not relevant to you, fill in "N/A".

- | | |
|---------------------------|--|
| Store name: | Store name as will be printed on the receipt |
| Store Number: | If multiple stores indicate store number, for one store should be 01. |
| Quantity of registers: | Number of installed registers |
| Address: | Store address |
| Tel/Fax: | Store phone/Fax numbers |
| WEB: | Web site address |
| MOP: | Indicate all applicable method of payment |
| Layaway: | Are you doing layaway? |
| Special orders: | Do you receive orders from customers |
| Common size scales: | What are the most used size scales, if any (e.g. s,m,l,xl or 1,1.5,2,2.5,...) |
| Policies: | Type in or send by email store policies for:
General store policy
Layaway (If applicable)
Store credit
Cash refund
Final sale |
| Personnel: | List the personal that are going to work on the system, with their roles (Owner – Can do anything, Manager – Can do all the operations in the POS, Cashier – Can operate the POS only) |
| Receipt copies: | Specify how many copies to print for each type of sale |
| Gift card or certificate: | Specify if you use gift cards or gift certificates. If gift certificates supply draft design. |
| Sales rep required: | Specify if sales rep required for each sale. |





214 State street #23, Hackensack, NJ 07601

Tel: 888-767-4004 s Fax: 866-882-0451

Date: 06/01/2004

Cashier's discount:

How many % of discount the cashier allowed to give?

Tax rate /rules:

Specify what the Tax rate is and/or Tax rules

Receipt print:

Specify if to print the following on the receipt:

MSRP Savings

Size and Color

Cashier name or Cashier code

Store Logo (If yes please provide graphic logo file)

Item description





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Date: 06/01/2004

Customer questionnaire

Store name:			
Store Number:			
Quantity of registers:			
Address:			
Tel:			
Fax:			
WEB:			
Method of payment	1 Cash	1 House Charge	
	1 MasterCard	1 Check	
	1 Visa	1 JCB	
	1 Amex	1 Diners	
	1 Discover	1 Carte Blanche	
	1 Gift Card	1 Str. Cred.	
	1 C.Card	_____	
	1 C.Card	_____	
	1 C.Card	_____	
	1 Other	_____	
	1 Other	_____	
Layaway	1 Yes	1 No	
	Minimum payment % _____		
Special orders	1 Yes	1 No	
Common size scales:	Do you use size scales?	1 Yes	1 No
	If yes, what are the most common:		
	Name:	Details:	
	_____	_____	
	_____	_____	
Policies:	General:		
	Layaway:		





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Date: 06/01/2004

	Store credit:			
	Cash refund:			
	Final sale:			
Personnel:	Name:	Role:		
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
		1 Owner	1 Manager	1 Cashier
Receipt copies:	Regular sale:	_____		
	Layaway:	_____		
	Credit card:	_____		
Gift Card or Certificate?	1 Gift Card	1 Gift Certificate (Supply draft design)		
Sales rep required?	1 Yes	1 No		
Cashier Discount:	1 Allow ____ %	1 Not allowed		
Tax rate/rules:	Constant tax rate ____ %	Tax rules:		





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Date: 06/01/2004

Receipt print:	MSRP Savings	1 Yes	1 No
	Size and Color	1 Yes	1 No
	Cashier name or Cashier code	1 Name	1 Code
	Store Logo (If yes please provide graphic logo file)	1 Yes	1 No
	Item description	1 Yes	1 No

Filled By: _____

Date: _____

