

## POC form for MyReport

Date:	<input type="text"/>
Company Name:	<input type="text"/>
Contact Person :	<input type="text"/>
Email Id:	<input type="text"/>
Contact No:	<input type="text"/>
POC Scope:	One Report or 3 days effort.
ERP if any:	SAP R3 <input type="checkbox"/> SAP B1 <input type="checkbox"/> NAV ORACLE AXAPTA <input type="checkbox"/>
	Other <input type="checkbox"/>
Database Name:	
Flat Files (if any):	Excel <input type="checkbox"/> Text <input type="checkbox"/> CSV <input type="checkbox"/>
Database Table Names:	<input type="text"/>
Report Format:	
Calculated Fields:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Signature:	<input type="text"/>
Would you prefer us for buying:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference: If POC is successful can you give customer reference.	Yes <input type="checkbox"/> No <input type="checkbox"/>