

## CUSTOMER QUESTIONNAIRE

Fill in date		
First and last name: Occupation: E-mail:		
Company name:		
Country:		
Company Business:	IT  Healthcare  Education  Finance/Banking	
State in		
Other:		
Types of documents (several choices are possible)	be processed: Invoices	
Other:		
Processing volume (	ages per month):	
Not processed	Manual data entry Scanned FormReader 6.5 FlexiCapture 8.0	
Other:		
Name the manufacture (several choices are possible) Konica Minolta®	Fujitsu®	
What kind of back-end application or storage do you want to release into?  (several choices are possible)  MS Access® MS SQL Server® Documentum® IBM® Content Manager MS SharePoint®  Other:		
Your comments and s	agestions:	
I would like to share my experience of using ABBYY FlexiCapture. Please contact me by e-mail  Thank you for filling out this form. Please process it using ABBYY FlexiCapture and send the extracted data to FlexiCapture_ feedback@abbyy.com. © 2011 ABBYY.		

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