Capability Demonstration

This form demonstrates the capabilities of the application and is for demonstration purposes only.

Input Methods Enter data using handwriting, keyboard, date, time, and option lists.

| Customer: Commusoft | | | Date: | | | | | | | |
|--|------------------------------------|------------------|-------|-----------------|--|--|--|--|--|--|
| Name: Ravir Pandey | Address: Floor 10, 6 Mitre Passage | | | | | | | | | |
| City: London | | State: OH | | Zip Code: 12345 | | | | | | |
| Field Validation The system will ensure proper format. The field will turn red if the format entered is invalid. | | | | | | | | | | |
| Phone: Email: test@test.com | | | | | | | | | | |
| Radio Buttons One value can be selected. | | | | | | | | | | |
| Payment Method: Cash Check Credit Card Warranty | | | | | | | | | | |
| Check Number: | | Warranty Number: | | | | | | | | |
| Credit Card Number: | | Expiration: | | Security Code: | | | | | | |
| Checkboxes Multiple values can be selected. | | | | | | | | | | |
| Services completed as part of the Preventive Maintenance Agreement: | | | | | | | | | | |
| Replace Fan Belt(s) Replace Filters(s) Program Thermostat | | | | | | | | | | |
| Fixed Graphics Tap image to annotate. Drawing Area Tap grid to draw in this area. | | | | | | | | | | |
| Air Supply Duct Refrigerant Filled Tubing Fan Evaporator Coil Air Handling Unit Compressor Return Air Duct (from rooms) | Condenser Coil | | | | | | | | | |

Capability Demonstration

This form demonstrates the capabilities of the application and is for demonstration purposes only.

Linked Fields These fields mirror the values entered on the top of page 1.

| Customer: Commusoft | | | Date: | | | | | | |
|--|-----------------|-------------|---------|------------------|--|--|--|--|--|
| Name: Ravir Pandey Address: Floor 10, 6 Mitre Passage | | | | | | | | | |
| City: London | | State: OH | | Zip Code: 12345 | | | | | |
| Advanced Lookup Rules Select Project Name and the app will complete additional fields. | | | | | | | | | |
| Project Name: | | Project ID: | | | | | | | |
| Project Type: | | Location: | | | | | | | |
| Technician: | Arrival Time: | | | Finish Time: | | | | | |
| Conditional Mandatory Fields Select the checkbox to make the corresponding section required. | | | | | | | | | |
| Electrical Components Inspected | | | | | | | | | |
| New: Yes No Notes: | | | | | | | | | |
| Replace: Yes No | | | | | | | | | |
| Calculated Fields Enter the values below and the app calculates fields automatically. | | | | | | | | | |
| Material | | Unit Price | Quantit | y Extended Price | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Comments: | | | | | | | | | |
| | | | Lak | | | | | | |
| | | | Tax | _% | | | | | |
| | | | То | tai | | | | | |
| Signature Fields Enter signatures below. | | | | | | | | | |
| Customer Signature: | Date: 6/13/2017 | | | | | | | | |
| Technician Signature: | | | | Date: | | | | | |

