

WORK ORDER FOR POS SOFTWARE INSTALLATION

Date: 11 February 2025

Work Order No.: BIZ-POS-110325-001

Client Details:

Company Name:

Address:

Contact Person:S

Phone:

Email:

Service Provider Details:

Company Name: **okobiz**

Address: 213/1, 60 Feet Kamal Soroni Rd, Dhaka 1216

Phone: 01973-590937

Email: info@okobiz.com, info.okobiz@gmail.com

Website: [www. https://okobiz.com](http://www.okobiz.com)

Scope of Work:

The client hereby requests the installation and configuration of the POS Software with the following features:

- Inventory Management
 - ✓ Product create, view, edit, delete, print
 - ✓ Stock adds, view, print
 - ✓ Stock History view, print
 - ✓ Brand & Category create, view, edit, delete
- Sales Management
 - ✓ Sales report (Daily, weekly, monthly, lifetime) view print
 - ✓ Send daily sales report to email
- Order Management
 - ✓ Order's view, generate & print challan, generate & print bill
 - ✓ Exchange Order / Products
 - ✓ Return Order
- Customer Management

- ✓ Create, view, edit customer
 - ✓ Customer data
- User Management
 - ✓ User based role
- Reporting & Analytics
 - ✓ Inventory
 - ✓ Sales
 - ✓ Order
- Multi-Branch Support

Agreement Duration:

The maintenance agreement shall be valid for 03 years from the installation date.

Payment Terms:

- Installation Fee: 5000 BDT (offer price)
- Monthly Maintenance Fee: 1000 BDT for the first year
- Maintenance Fee will be subject to an increase after the first year, as mutually agreed.
- Any additional customization or support beyond the agreed scope will be charged separately.

Installation Timeline:

The installation will be completed within 5 days from the date of approval of this work order.

Authorization & Approval:

By signing below, the client confirms their acceptance of the terms and conditions of this work order and authorizes okobiz to proceed with the installation and maintenance services.

Client Authorization:

Authorized Signatory: _____

Name: _____

Designation: _____

Date: _____

Service Provider Authorization:

Authorized Signatory: _____

Name: _____

Designation: _____

Date: _____