

# Intelligent eForm Enquiry



Please use this form to register your interest in intelligent eForms.

**Red bordered** entry fields are Required information and are validated for completion before submission.

Once completed click the 'Submit Form by Email' button at the end of the form to eMail the form to an xDox consultant.

All information collected via this form is for xDox Ltd use only and will not be passed to any third parties.

## Your Details

Your Name:

Position:

Organisation:

Address:

Postcode:

Your eMail Address:

Telephone Number:

## Your eForm Requirements

What type of information do you want to collect:

|   |  |
|---|--|
| <input type="checkbox"/> Finance / Admin    | <input type="checkbox"/> Human Resources   |
| <input type="checkbox"/> Sales / Purchasing | <input type="checkbox"/> Legal / Contracts |
| <input type="checkbox"/> Other              |  |

What is the time frame for this project:  1 Month  3 Months  6 Months  Longer

How many eForms are you planning to implement:  < 5  5 < 10  11 < 50  50+

How will the completed form or data be returned to you:

If you have existing eForms what format are they:  
(*Crtl+Click to select more than one format*)  
*Try selecting 'Other' to see another field appear.*

Check this box to add form sample or specification documents.  
*Select it to add a section to the form.*

## Further Information