


Océ | ODGS Benchmark Request Form

An Océ Account Representative must complete and submit this Benchmark Request Form with each benchmark request. Click on the help buttons for information about each area.

 _____

Company Name _____ Contact Name _____

Address _____ Contact Phone _____

Suite/Floor _____ Contact E-mail _____

City _____ Océ Account Representative _____
















State/Province _____ Zip/Postal Code _____

Reason benchmark is required _____

Are competitors being asked to provide a benchmark? If yes, who are they? _____

How will the benchmark be used? _____

Any special instructions/areas of interest? _____

File Name 	File Type  <input type="checkbox"/> .pdf <input type="checkbox"/> .tif <input type="checkbox"/> .eps <input type="checkbox"/> .jpg <input type="checkbox"/> .ps <input type="checkbox"/> .bmp	Proof Supplied  <input type="checkbox"/> Yes <input type="checkbox"/> No	Color Mode  <input type="checkbox"/> RGB <input type="checkbox"/> CMYK	Spot Colors  _____ _____ _____	ICC Profile  <input type="checkbox"/> Embedded <input type="checkbox"/> None <input type="checkbox"/> _____
Output Size 	Media Type 	No. Copies 	Print Mode 	Resolution 	
_____ x _____	_____ _____ _____	_____	_____ _____ _____	_____ _____ _____	
Printer 	<input type="checkbox"/> Océ Arizona 250GT	<input type="checkbox"/> Océ LightJet 430	<input type="checkbox"/> Océ LightJet 500XL		
Requested Date 	Ship To 	Shipping Method 			
_____	<input type="checkbox"/> Océ Account Representative <input type="checkbox"/> Customer <input type="checkbox"/> Hold for Pick Up	<input type="checkbox"/> Rush <input type="checkbox"/> Regular			

Notes 


Date In

INTERNAL USE ONLY

Date Out Tracking Number

INTERNAL USE ONLY

Send benchmarks to:

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