

9. Payment transactions done by:

Credit/Debit Card ATM Card (no Visa/MC logo) Currency Coin Smart Card
Payment transactions through an existing website: Yes No
Credit card mag stripe data to be captured: Yes No

10. Scanners: Flatbed Bar Code Reader

11. Keyboard: Onscreen: Yes No
External keyboard: Yes No
With: Mouse Trackball Touch pad

12. Signature Pad: Yes No

13. Power outage monitor/reboot device: Yes No

14. UPS-"Uninterruptible Power Supply": Yes No

15. Additional devices required:

V. CABINET (ENCLOSURE)

1. Do you have a cabinet/enclosure already? Yes No
What make/model: _____

2. Do you have your own design for a kiosk that you would like us to manufacture?
 Yes No

3. Is there a specific kiosk on our site whose design you are interested in?
 Yes No
Please specify: _____

4. Do you need a custom designed enclosure? Yes No
OR a "ready to use" (in stock) model? Yes No

5. Please describe the features you are looking for in a custom designed kiosk.

6. Is this single kiosk required to be ADA (Americans with Disabilities Act) compliant?
 Yes No

7. Is a second ADA compliant kiosk required? Yes No

8. Do you need exterior graphics/signage? Yes No

9. Enclosure Location: Indoor Outdoor Both Public Secured

10. Please rate the "grade" required for the quality of materials & design for the kiosk.

Please refer to attached descriptive summary for details:

Display (low) grade Architectural (mid) grade Exterior Arch. grade

11. Do you have a price range/budget per kiosk enclosure only? \$ _____

12. Do you have a price range/budget per enclosure with all hardware included? \$ _____

VI. GRAPHICS/CONTENT

1. Do you have/can you supply us any of the following content:

Storyboards:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Graphics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attract loop:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Video clips:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Screen savers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other multimedia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy/Text:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audio tracks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audio scripts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Do you have existing images saved as: gifs jpeg mpeg avi other _____

3. Do you have an existing website? Yes No URL: _____

Is your website a source for content/graphics for your kiosk? Yes No

Will your site be used for: e-Commerce transactions Information only

Does site use: Flash Frames

4. Does the website you plan to access from the kiosk use popup windows? Yes No
Describe _____

5. _____% of total content/graphics already exists or can be supplied for this project.

6. Current Operating System: Win'95 Win'98 WIN NT Novell Sco/Unix
 Other: _____

7. Approximately how many of the following screens/items do you anticipate that we will need to create for you?

Graphics:	_____	Attract loop:	_____	Text pages:	_____
Audio tracks:	_____	Video clips:	_____	Animation:	_____
Audio scripts:	_____	Screen savers:	_____	Other:	_____

VII. CONNECTIVITY

Internet Intranet Other _____

Bandwidth – how fast a connection would be needed?

Max (DSL/cable if available in area) Fast (ISDN) Basic (56k) T1
 Dial-up connection (intermittent) 24/7 Wireless

VIII. ADDITIONAL REVENUES (E-BILLBOARDS)

Do you want on-screen ad capability for promoting your product: Yes No

IX. DEPLOYMENT

1. What is your projected schedule? Start date: _____ Pilot: _____ Roll Out: _____

2. What measurement will be used to determine a successful pilot?

3. Number of kiosks: Pilot: _____ 1st Roll Out: _____ Total Projected: _____
Location: Nationwide: Yes No Provincial/Local: Yes No

4. What will be the kiosk hours of access? _____

X. SERVICE

1. Will you require on-site installation? Yes No

2. Will you require on-site hardware repair and maintenance service? Yes No

3. Will you require remote software monitoring/update services? Yes No

4. Will you require Technical Support? Yes No

XI. FINANCE

1. Do you require financing: Yes No Leasing Option: Yes No

2. Has there been a budget approved for this project Yes No

If Yes: Approximate amount allocated for project \$ _____

XII. SOURCE:

How did you hear about our company? Please specify.

Search Engine: _____

Referral: _____

Tradeshow: _____

Advertising: _____

Other: _____

We will contact you as soon as we review and assess your requirements.

Thank you for your interest in Kiosk Factory.