

ORDER CONFIRMATION FORM

1KEY BI reporting over Soham Computer's Pharma ERP/Solution

Name of the Company: _____

Contact Person: _____

Designation: _____

Head office Address: _____

Land Line No: _____

Fax No: _____

Mobile No: _____

Email Address: _____

Application Info: _____

Data Base Info: _____

1KEY Modules required:

1KEY View & Cube No of Users: _____

Client's Sign & Stamp

Soham Computers' Sign & Stamp

Date: _____

Date: _____