



# PATHFINDER for the iSeries (AS/400, Power Systems, System i) PRE-EVALUATION PROFILE



Hawkeye appreciates your interest in PATHFINDER. We are committed to working with your staff to provide maximum benefit by fully utilizing PATHFINDER. All shipments are scheduled in advance, based on your staff's availability to evaluate the package. Take a moment to fill out and return this form. We will contact you to confirm prior to shipping.

- Do you or anyone in your shop have PATHFINDER/400 experience?    Yes     No
- When is the best time for your shop to install and evaluate PATHFINDER? \_\_\_\_\_
- Who will be the Primary User? \_\_\_\_\_  
     Email \_\_\_\_\_      Direct Phone: \_\_\_\_\_

• Indicate options you feel are important to your staff:

- |   |  |  |
|---|--|--|
| Object Cross Reference <input type="checkbox"/> | Unreferenced Source <input type="checkbox"/> | Disk Changes <input type="checkbox"/>  |
| Field Cross Reference <input type="checkbox"/>  | File Analysis <input type="checkbox"/>       | File Layout <input type="checkbox"/>   |
| Spacing Charts <input type="checkbox"/>         | Free Format RPG <input type="checkbox"/>     | Embedded SQL <input type="checkbox"/>  |
| Scan Source Member(s) <input type="checkbox"/>  | Object Last Used <input type="checkbox"/>    | Mass Compile <input type="checkbox"/>  |
| Unreferenced Objects <input type="checkbox"/>   | Job Explosion <input type="checkbox"/>       | Job Implosion <input type="checkbox"/> |
| Procedure Usage <input type="checkbox"/>        | ILE Support <input type="checkbox"/>         | Security <input type="checkbox"/>      |

### iSeries INFORMATION

Model Number \_\_\_\_\_ CPU Serial Number \_\_\_\_\_

Environment:    ILE     Native     38     36     OS/400 Release:    V3R2     V3R6-V5R4     V6R1-V7R1

System Security Level \_\_\_\_\_ (DSPSYSVAL QSECURITY)

Primary Application Software Used: \_\_\_\_\_ Source Included:    Yes     No

Media Type shipped is CD. Please specify if other media is required: \_\_\_\_\_

**BILL TO ADDRESS:**

**SHIP TO (CPU LOCATION):**

Company Name _____	_____
Address _____	_____
City _____	_____
State/Zip _____	_____
Telephone _____	_____
Fax _____	_____

We understand the **authorization is 45 days from the date of shipment**. We will make every effort to evaluate the package within that time frame. An invoice will not be forth coming until we request one.

Printed Name \_\_\_\_\_ Manager Email \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Direct Telephone \_\_\_\_\_

**(REQUIRED)**

Please Fax To: 970-498-9096, Email To: info@hawkinfo.com  
 Or Mail To: **Hawkeye Information Systems** P.O. Box 2167 / Fort Collins, CO 80522

