**Kofax Invoice Capture Service  
Partner Referral Lead Form**

**Please return completed form to:** [**ICS\_Sales@Kofax.com**](mailto:ICS_Sales@Kofax.com)

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| **Partner / Company Information** | |
| **Partner Name (First, Last)** |  |
| **Partner Company Name** |  |
| **Partner Company Address** |  |
| **Partner Company Email Address** |  |
| **Partner Company Phone Number** |  |
|  |  |
| **Customer Lead Information** | |
| **Company Name** |  |
| **Company Address** |  |
| **Company Phone Number** |  |
| **Company Contact Name** |  |
| **Company Contact Phone Number** |  |
| **Company Contact Email Address** |  |
|  |  |
| **ICS Opportunity Details** | |
| **Monthly Invoice Amount to Start** |  |
| **ICS Registration/Start Date for Invoicing** |  |
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| **Additional Notes** | |
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