3NGnetworks
Carrier Grade Solutions

For Use in Qualifying Customer for Installation

Customer Information

Company Name: _____

Primary Contact/Title: _____

Address: _____

Phone/Fax Number: _____

E-mail: _____

Company website: _____

Business Type: _____

Number of Employees and Locations: _____

Will you be interconnecting locations? _____

Any Remote users? Current connection method? (VPN/VM)_____

Part 1 - Current Phone System

Supplier of CPE (System and Phones), note whether this is a key

system or PBX (Private Branch Exchange): _____

Handset Model(s): _____

Supplier of local service: _____

Supplier of Long Distance: _____

Number of Incoming Lines: _____

Number of Fax lines: _____

Alarm Lines: _____

Number of users/extensions: _____

Number of Digital/Analog phones: _____

Is there an attendant (Person) currently? _____

Number of users/lines attendant manages: _____

Number of Resource Phones (Conference rooms, labs etc): _____

Number of Wireless/Cellular Phones: _____

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Part 2 - Current Phone System

Phone System Features	Current	Desired
Auto Attendant:	_____	_____
Multiple Auto Attendants:	_____	_____
Voicemail for users/# of ports:	_____	_____
Group Extensions/mailboxes:	_____	_____
Call Transfer (Blind/Announced):	_____	_____
Conference Calling:	_____	_____
Caller ID:	_____	_____
DID:	_____	_____
Overhead Paging:	_____	_____
Handset-Handset(s) paging:	_____	_____
Call Park/Retrieve:	_____	_____
Restricted outbound calling:	_____	_____
Call detail records:	_____	_____
Music on-Hold/Custom on-hold messages:	_____	_____

What doesn't work well with your current phone system?

Are there any phone system features that you desire that have not been mentioned?

Part 3 - IT Environment

Use Network Topology diagrams here to help, and attach to survey:

IT services provider (Internal or contracted):   _____

ISP: _____

Connection to your site (T1, DSL, Cable modem etc):   _____

T1 Channel bank Vendor/Model: _____

Static IP address from ISP?   _____

Firewall, router, switch topology – vendors, versions etc.:   _____

Network OS/Server: _____

Any Static IP addresses for LAN/WAN, Subnet mask, DNS name and

server, WAN Gateway number: _____

Web site host: _____

Web site author and format :   _____

E-mail host server: _____

Number of e-mail users: _____

Primary/Secondary DNS provider: _____

What will you use _____ as your primary mail server or

web site host?   _____

Other Servers/ Applications: _____

How will you be connecting/using _____ within your

infrastructure(Use Network topology maps and attach closest fit to

this survey)?   _____

Desired integration with these apps - (Contact importing etc)?   _____

Part 4 - User workstations/OS/Apps

Total Workstations: _____

Vendor and OS versions:_____

Part 5 - Physical infrastructure

A tour of the phone closet and server room helps with this part:

If IAD required, where will the _____ be installed?_____

Demarcation Location: _____

New wiring?   _____

Please complete and fax to 305-742-2163 or email to support@3ngnetworks.com

If you have any questions please call our corporate office at 305-742-2164