

Customer Onboarding Questionnaire

Contact Info

Company: _____

Main Contact: _____ IT Contact: _____

Main Phone: _____ IT Phone: _____

Main Email: _____ IT Email: _____

Basic Install Information

What type of ceiling does your office have?

Drop Tile Solid Unsure

Cable Drops Required?

Yes No Unsure

Do any new phones need to be wall mounted? (circle one) Y / N / Unsure If yes, how many? _____

Network Information

Current Internet Service Provider: _____ Internet Speed: _____ Hosted Email? Y / N / Unsure

How are the office computers connected to the internet?

Network Computer WIFI Unsure

If WIFI only, are there existing Ethernet jacks at each location a phone will be placed?

Yes No Unsure

If no, how many are missing Ethernet jacks? _____

Do you currently have any Static IP Addresses?

Yes No Unsure

If Yes, How many? _____ Can new IP addresses be assigned? _____

Please select all that apply from the list below:

- | | |
|--|--|
| <input type="checkbox"/> We have servers on site. | <input type="checkbox"/> VPN |
| <input type="checkbox"/> Our employees have remote access to our network | <input type="checkbox"/> Multiple WIFI Access Points |
| <input type="checkbox"/> We have a security system that we view remotely | <input type="checkbox"/> Unsure, about: _____ |

Analog Device Information

Current Phone Provider(s): _____ Keeping lines? How Many: _____

Do you have any of the following? Please select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Fax? Currently Runs via: | <input type="checkbox"/> Postage Meter? Runs via: |
| <input type="checkbox"/> Phone line <input type="checkbox"/> Unsure | <input type="checkbox"/> Phone line <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Fax to email | <input type="checkbox"/> Internet/Computer |

What are you wanting for Fax going forward?

- | | |
|---|---|
| <input type="checkbox"/> Phone line through current provider | <input type="checkbox"/> Credit Card Machine? Runs via: |
| <input type="checkbox"/> Fax to email <input type="checkbox"/> Unsure | <input type="checkbox"/> Phone line <input type="checkbox"/> Unsure |
| | <input type="checkbox"/> Internet |

Security System? Runs via:

- | | |
|---|---|
| <input type="checkbox"/> Phone line <input type="checkbox"/> Unsure | <input type="checkbox"/> State Inspection Machine? Runs via: |
| <input type="checkbox"/> Cellular | <input type="checkbox"/> Phone line <input type="checkbox"/> Unsure |
| | <input type="checkbox"/> Internet |

Fire Alarm (if freestanding building)

Elevator

Security Key Pad for building entrance

Overhead Paging (Paging Horn and/or Speakers)

Phone Operated Door Locks/Gate Access

On average, how many pages do you fax on a typical day? Fewer than 20 20-50 More than 50

Additional Notes: _____