

CONNECTED EQUIPMENT SITE SURVEY

CUSTOMER INFORMATION

Company Name _____

Phone Number _____

Network Contact _____

Phone Number _____

CONNECTIVITY PROFILE

Network Operating System

_____ Mac OS Version _____ UNIX/LINUX Version _____ Windows 2K Version _____

_____ Novell Version _____ Peer to Peer OS _____

Client Workstations

NOTE: PRINTING FROM WINDOWS 95/98/ME AND NT 4.0 IS NO LONGER SUPPORTED

_____ Windows 2000 Total _____ Mac Version* _____ Total _____

_____ Windows XP Total _____ Vista Version _____ Total _____

MAIL SERVER INFORMATION REQUIRED ONLY IF SCANNING TO E-MAIL

SMTP / OUTGOING Mail Server Name _____

NOTE: SCAN TO E-MAIL MAY NOT WORK WITH ALL PROVIDERS MAIL SERVERS INCLUDING AT&T, HOTMAIL AND GMAIL

IP Address to assign to MFP _____ . _____ . _____ . _____ Default Gateway _____ . _____ . _____ . _____

DNS IP Numbers Primary _____ . _____ . _____ . _____ Secondary _____ . _____ . _____ . _____

Network Topography

_____ Ethernet Twisted Pair(cat5) _____ Wireless 802.11b/g _____ Bluetooth

Is there an active network connection where the copier is to be installed (required for network printing) _____

Do you require the services of our Network Cable Contractor _____

_____ Parallel Print Cable required (length) _____ USB Cable (length) _____

Network Protocol

_____ TCP/IP v4 _____ TCP/IP v6 _____ IPX _____ ETHERTALK _____ OTHER

*** Do you do any Postscript printing such as from a Macintosh or from Adobe applications like Pagemaker, Photoshop, Illustrator or Acrobat _____**

Inland Business Systems installation policy has been fully explained to the customer. **Installation of any equipment onto a customers network will include installation of software on up to a maximum six systems** at the time of the equipment installation. Additional installations and configurations can be done at our current networking rate.

Salesperson Signature _____ Date _____

Customer Signature _____ Date _____

Additional Information _____

All information must be completed by the Salesperson prior to installation of any connected equipment, new, used or demo.

VERIFIED BY: _____ Date _____