

Page 3 Please complete one copy of this page for each store location!!!

Store/Company Name _____
 Address _____
 Address _____ Zip Code _____
 Name of contact person this site _____
 Building is... Owned / Leased... Lease termination date _____
 Current number of computer workstations this site _____
 Planned number of computer workstations this site _____
 Existing Netware /WinNT file server this location ? Yes/No Ver. _____
 Long distance phone call to main store location ? Yes/No _____
 Distance to main store _____ miles / Drive time _____ hrs _____ min
 Ceiling height downstairs _____ ft. Upstairs _____
 Suspended ceiling downstairs? Yes/No Upstairs? Yes/No
 Is network cabling installed and properly terminated? Yes / No
 Is existing network cabling Cat3, Cat5 or Coax? _____
 Network hub installed Yes / No Mfg _____ Model _____
 How many ports are in your existing network hub ? Total _____ Used _____
 Interior wall construction: Hollow dry-wall? Yes/No Cinder Block? Yes/No Other _____
 Height of available ladders? a. ___ ft. b. ___ ft. c. ___ ft.

Please attach a floor plan of each of your facilities as it is to be configured.

NOTE: Floor plans to include the location of the following items...

- Computer network data jacks
- Analog telephone jacks for FAX, credit card machine, modems, etc.
- Workstation computers including users name
- File Server computer
- Computer wiring and telephone equipment wiring closet(s)
- Printers identified by model number

WAN Service Provider:

Company Name _____
 Customer Service Phone Number _____
 Technical Support Phone Number _____
 Local Access Phone Number () ___ - _____
 Type of service POTS Dial-Up ISDN DSL FT1/T1 Frame Relay, Speed _____
 Circuit ID# _____

DESCRIPTION	PHONE NUMBER w/AREA CODE
Voice Line #1	
Voice Line #2	
Number to dial & outside line	
FAX	
Computer Modem/Data line #1	
Computer Modem/Data line #2	
Credit Card Verification line	
After Hours Voice Line	

CURRENT NETWORK BUSINESS APPLICATIONS:

Application Name	Version	Continued Use

FACILITY PREPARATIONS:

File server site requirement availability.

Worksurface / desktop (5ft. x 36inches minimum) ___ Yes / No

Dedicated 115VAC power line w/3rd wire ground ___ Yes / No

Admin workstation site requirement availability.

Worksurface / desktop (5ft. x 36inches minimum) ___ Yes / No

Analog telephone jack adjacent workstation ___ Yes / No

Travel :

Nearest commercial airport

Airport Name _____

City Name _____

COMMUNICATIONS:

Will you require remote access to the network such as dial-in from a computer at home to your business network? _____ Yes / No

Will remote access to the network be required during business hours or after hours only?

Business Hours _____ Yes / No (Number of hours per day _____ hrs.)

After Hours _____ Yes / No

***When complete, please FAX to Access Computers 770-242-8188
For any questions on completing this form please phone
770-242-3001 or 877-242-3001.***