

Telephone System Quick Quote Form



Dealer Name: _____ Contact Name: _____
Account Number: _____ Email: _____
Phone Number: _____ Job Name or Reference: _____

Type of phone system required

Analog Multi-line IP Onsite
Digital Multi-line IP Hosted

System Configuration

1. Total number of C.O. lines required _____
2. Total number of SIP trunks required _____
3. Quantity and type of extensions required: Analog ____ IP ____ IP Cordless ____
Digital ____ Cordless ____ DSS Console ____
4. Is voicemail required? Yes ____ No ____
5. How many users need to access voicemail at the exact same time? (smallest is 2)
2 Port ____ 4 Port ____ 6 Port ____ Other ____
6. Do you require automated attendant? Yes ____ No ____
7. Would you like music on hold? Yes ____ No ____
8. Does the system require a door intercom? Yes ____ No ____ If yes, how many? ____
9. Would you like to offer battery backup? Yes ____ No ____
10. Would you like to offer surge protection? Yes ____ No ____

Notes: