

# 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: