Residential Whole Home Audio System

Use this form to specify your residential whole home audio system requirements. Once completed, U.S. customers should email to adisys1@adiglobal.com. Canadian customers should email to sysican@adiglobal.com.

Business Name: _____ Contact Name: _____

Account Number: _____ Email: _____

Phone Number: _____ Job Name or Reference: _____

Type of System Required

☐ Single source/ Multi-Zone ☐ Multi-source/ Multi-zone

System Configuration

1. Does the job require:

   ☐ Volume Knobs ☐ Keypads ☐ App Control Brand Preference _____

2. How many zones are required? Indoor _____ Outdoor _____

3. How many speakers per zone? _____

4. Speaker type required:

   ☐ In-ceiling | Quantity per zone: _____ Color: _____

   ☐ In-wall | Quantity per zone: _____ Color: _____

   ☐ Surface mount | Quantity per zone: _____ Color: _____

   ☐ Landscape/Garden/Rock | Quantity per zone: _____ Color: _____

   ☐ Outdoor Surface Mount | Quantity per zone: _____ Color: _____

5. Audio Sources Required. Please indicate quantity:

   ☐ Streaming Music _____ ☐ Bluetooth ☐ Other _____