

Questionnaire

Contact Information

First Name*	ast Name*	
Email*	one*	
Company Information		
Company Name*		
Address Line 1*		
Address Line 2		
City* State*	Zip Code*	
Phone System Information		
What type of phone system do you have? *	How many locations do you have? *	
what type of phone system do you have:	Tiow many locations do you have:	
Do you have a DR phone system? *	How many numbers do you have? *	
Yes No		
How many toll-free (TF) numbers do you have? *	How many fax numbers do you have? *	
How would you like to receive fax?	How many simultaneous calls would you like? *	
Web Portal Email Physical Fax Machine		
How many inbound minutes do you use each month? *	How many outbound minutes do you use each month? *	
, 111 1 , 111 11 111 111	i principal de para de	
How many TF inhound minutes do year year and mary 11-2.*	How many TF outbound migutes do you use such as at 2.*	
How many TF inbound minutes do you use each month? *	How many TF outbound minutes do you use each month? *	



Internet Information

What type of internet do you have? * (Fiber, Cable, DSL)	What are your download speeds? *	What are your upload speeds? *
Phone numbers		
Please provide all the phone numbers you wish to port. *		
riease provide all the phone numbers you wish to port.		