



Teleconnect Solutions Group Requirements form:

For price quotes and installation timeframe estimates on a variety of telecom services. Simply complete the form below as accurately as possible. The level of detail in your request can greatly improve the ability of our Solutions Specialist to provide you with a comprehensive analysis and service portfolio.

For multiple locations, please complete a separate form for each location.

1. **Solution or Service Specifications** - Please Identify the Service or Solution You Are Interested In.

Description	Quantity
PRI	
Number of PSTN connections	
Number of D channels if multiple PRI's	
Number of DID's - working	
Number of DID's - reserved	
CLID	
Analog lines	
Single Lines	
Overlines	
DID – NON PRI BASED	
DID Trunks	
Both way trunks	
Direct out Trunks	
Number of DID's - working	
Number of DID's - reserved	
CLID	
Data Services (WAN)	
Please specify as completely as possible customers requirements	
Other service requirements	

2. Timeframe – Please identify Time frame for installation of above services
 - a. As Soon as Possible
 - b. Within 30 Days
 - c. 30 – 60 days
 - d. Within 6 months.....

3. Number of Locations
 - a. Number of locations.....__



4. Location

a. Please provide the current telecom supplier, telephone number, address and cross street for the location where services are to be installed:

i. Location 1

5. Please include any additional information about your solution example: (technical requirements, preferred providers). The more information supplied the quicker the response to complete your requirements.

6. Contact Information:

a. Name _____

b. Address _____

c. Telephone number _____

d. Email Address _____