



Company _____ Contact _____ REP _____ Phone _____

Address _____ City _____ State _____ Zip _____ Email _____

ENVIROMENTAL EVALUATION - SITE SURVEY

Devices/Data: Please list each of the phones needed and their expected use. from 1-5 (1 rare/sporadic to 5, heavy everyday use)
Please indicate if there is an Ethernet (Cat5/Cat6) port available, dedicated or shared with a computer. Please ensure that the device number corralates with the completed layout on the reverse side.

Device #	Expected use	Ethernet	Shared
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Device #	Expected use	Ethernet	Shared
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge do you currently have POE enabled network switches? YES NO

Do you want/need us to implement or expand your wireless network coverage? YES NO

Besides networking for phones, do you need any additional networking runs? YES NO

Redundancy & Backup: We are able to provide failover hardware and services for POWER and Internet

Are you interested in backup power solutions? YES NO

Complete internet/phone power backup including computers, Internet and phones, or just phones & wifi? _____









Are you interested in a backup internet solutions? YES NO

Fax: Please indicate which style of fax enviroment you would like? Traditional Hybrid Digital

Paging: Do you have an exiting paging system, or need us to implement one. YES NO

Layout



LEGEND			
	Existing Data		Internet Modem
	New Data		WiFi AP
P#	Existing Phone		Ceiling Speaker
	New Phone		Loud Horn Speker
	Fax Machine		



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CALL FLOW WORKSHEET # _____

~CONDITIONS~

OFFLINE (Failover) YES NO

Should you loose power or internet would you like to have your phones automatically change destination. If yes, please describe the failing destination below.

HOLIDAY (Dates) YES NO

Special destination for scheduled dates. Usually used for Holidays, or planned business vacation days. If yes, Please describe planned destination below.

Hours YES NO

Regular business hours. This is used to route calls differently outside of regular hours. If yes please describe the after hours destination below & hours.

Greeting YES NO

An initial recording, usually indicating the business name other needed information before the call begins to ring into the final destinations. Script Below if yes.

Text Messaging (inbound) YES NO

If yes please list the destination (Device #) please ensure the extension assignment form has the email for that device

Fax Enabled Voice Line YES NO

If yes please list the email address destination.

INBOUND MANGEMENT

Please select the style of inbound ring group to use (hunt list or call que)
Reference guide for description.

- HUNT LIST
- CALL QUE
- IVR

For Hunt List or Call Que

Please list destinations: (device #)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Timeout destination: _____

IVR Diagram

Please layout the IVR menu If you have multiple IVR menus please attached additional

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

CALL FLOW WORKSHEET B (optional)

This side of the worksheet is for setups with multiple branch IVR setups

First please describe with words or sketch the call flow.

e.g. IVR1 branches to IVR2 & 3 . IVR3 Branches to IVR 4 IVR 4 branches to IVR5 & IVR6

Description:

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

IVR Diagram _____
Please layout the IVR menu

Press #1 _____	Press #6 _____
Press #2 _____	Press #7 _____
Press #3 _____	Press #8 _____
Press #4 _____	Press #9 _____
Press #5 _____	other _____

(800) 344-7607



www.PEOffices.com

The standard **Letter of Agency** document
(Port Request Form)

Dear Customer,

Thank you for choosing PE Office Solutions (*hereafter PE*) as your Local Service Provider. As you are aware, you may continue to use your existing telephone number with **PE**. In order to transition your current telephone number to the **PE** service, **PE** must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is trans-ferred.

Your current local service provider requires this letter of authorization as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another local service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to **PE**. You will then be able to use your current phone number with the new **PE** service.

**Please ensure the following information is completed accurately.
Information must be exactly as your existing carrier has record**

End-User Name (Business or Residential): _____

Person authorized to make this request: _____

Service Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

Current Service Provider: _____

Account #: _____ Pin # (if any): _____

PHONE NUMBERS: Please list all phone number you wish to be ported

FAX NUMBERS:

PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select **PE** as your new service provider for the telephone number listed on this form, you will need to sign your initials on ALL THREE (3) lines below:

- I _____ (initials) select **PE** as the network carrier for all local calls
- I _____ (initials) select **PE** as the network carrier for all intrastate toll calls
- I _____ (initials) select **PE** as the network carrier for all interstate toll and international calls

You may not have more than one carrier for each TYPE of service above.

By signing below, I designate **PE** to transfer my phone service from my current provider to **PE**. By signing below, I also authorize **PE** to transfer my current telephone number used to provide phone service so that **PE** may provide its network service to me. By signing below, I also authorize **PE** to obtain billing information, customer service records, and other information required to provide me with service on the **PE** network. I understand that I may consult with **PE** as to whether a fee will apply to the change.

Printed Name: _____

Date: _____

Port Date Req: _____

"End-User Signature -Please Sign Completely Inside the Box"

"End-User Signature -Please Sign Completely Inside the Box"

Please sign and date & include a copy of the most recent statement from the loosing carrier and e-mail or fax this form to: 1 844 500 0763 or phones@peoffices.com

**PLEASE ATTATCH
A COPY OF ALL CURRENT PHONE BILLS**

EQUIPMENT ORDER FORM

Phone Hardware

QTY	ITEM	QTY	ITEM

Network Hardware

Misc Hardware
