VoIP Offering Pre-Sale Qualifying Questionnaire

This questionnaire is intended to provide general guidelines to Agents and Sales Support teams to assist in the effective qualification, discovery and definition of opportunities for the IPVoiceLync VoIP Services product set. While not an exhaustive list of all aspects of the service, these questions will provide a solid baseline of information for the creation of proposals in a manner that captures current practices, as well as potential opportunities.

**Basic Customer Information**

Company Name

Technical Contact Name

Technical Contact Number / Main Telephone Number

Site Address

Total number of employees

Total number of phones

Are you currently using VoIP or traditional TDM services? □ Yes □ No

Maximum number of people that are talking on the phone at the same time

Maximum number of computers that are in the office with Internet connections

Do you have other locations connected via a VPN on the same network used by this service? □ Yes □ No

**Customer Network Information**

Have you run a LAN Assessment tool to do a basic VoIP assessment? Must be generated from a PC connected to the same network to be used with this service.

□ Yes □ No Jitter (ms) Packet Loss % MOS

What broadband internet connection will you be using with this service? (eg: DSL, Cable, T1)
What is your Internet bandwidth? (Mbps)  
Upload  Download

Who is your current provider?

What is your IP subnet block?

Is the IP address Static or Dynamic? □ Static □ Dynamic

Do you have any specialized bandwidth?  
Requirements on your network (i.e. Point of sale)

Data loads, large audio or video transfers, images? □ Yes □ No

What type of router do you currently use?

Manufacturer:  Model:

Firmware:  Number of Ports:  Interface:

Does your current Internet Service support Quality of Service (QoS) configurations? □ Yes □ No

If QoS is available, is it currently configured to prioritize voice over data? □ Yes □ No

Do you have any other devices onsite to help groom your data traffic? □ Yes □ No

If so what is the make and model of your equipment?

Firmware:  Number of Ports:

Are the Ethernet Ports full duplex? □ Yes □ No

Is the cabling in the bldg at least CAT-5? □ Yes □ No

Is there a Firewall installed in the network? □ Yes □ No

Are there any other services included with this? Describe:

Current Service Profile Equipment

PBX
Note: An existing IP-PBX that is going to stay in place should lead you to the SIP Trunking-Ethernet Interface solution; a TDM PBX would lead to a SIP Interconnection-DSX-1Interface solution.
Can your PBX accept a PRI handoff? □ Yes □ No

If yes, how many Trunks/PRI's do you currently have installed to this location?

What is the make and model of your system? Manufacture: Model:

Key System
Note: An existing Key System/Small TDM PBX should lead you to the SIP Interconnection-FSX interface solution.

How many POTS lines are installed into your system?

What is the make and model of your system? Manufacture: Model:

Pre-existing Hosted service
Please list existing phones, or devices that you would like to use with this service

Do you have a Vendor contract of current maintenance package with any of the equipment? □ Yes □ No
If so please explain

Routing Solution Criteria
What happens when someone calls your main number? Does it go to a specific person, or is it distributed somehow?

Do you have calls that come into a single number, but then distribute calls to groups of people? □ Yes □ No

Do you have an auto attendant to answer incoming calls and allow the calling party to direct their calls based on menu options? □ Yes □ No

Do you have users that need to access or monitor other user's lines from their desk? □ Yes □ No

Do you have highly mobile users requiring the calls to reach them no matter where they are? □ Yes □ No

Number of phones with limited functionality

Number of conference room phones

Number of remote workers

Current Service Profile – Phone Service

Please list current phone service provider(s)

How many lines do you currently have?
Do you want to keep your existing numbers? □ Yes □ No
Do you need any additional new numbers? □ Yes □ No
If so, how many?
How many Fax/Point of Sale (POS) lines do you currently have?
Do you have an alarm line? □ Yes □ No
Do you have a loudspeaker system? □ Yes □ No
Monthly minutes of Local and Long Distance
Local: Long Distance:
Do you have any Toll Free (800) numbers listed to the public? □ Yes □ No
Copy of a recent bill for all services available □ Yes □ No

**Type of Quote Requested**

<table>
<thead>
<tr>
<th>SIP Trunking (Customer has SIP enabled PBX)</th>
<th>Number of Trunks</th>
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</thead>
<tbody>
<tr>
<td>To new IP-PBX</td>
<td>To existing IP-PBX</td>
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<tr>
<th>SIP Trunking Interconnection (Customer has traditional TDM equipment and an Integrated access device-IAD)</th>
<th>Type of Connection (FSX/DSX-1)</th>
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</thead>
<tbody>
<tr>
<td>Number of Trunks:</td>
<td></td>
</tr>
<tr>
<td>To New TDM-PBX</td>
<td>To existing TDM-PBX</td>
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<tr>
<td>To new KSU</td>
<td>To existing KSU</td>
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<tr>
<th>Hosted PBX (Customer has desktop SIP phones, and/or an old PBX or Key system they wish to replace with a virtual product.)</th>
<th>Type of IP Phones</th>
</tr>
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<tbody>
<tr>
<td>How many seats</td>
<td></td>
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**Notes (Other details not included above)**