



# Questionnaire

## Contact Information

First Name\*

Last Name\*

Email\*

Phone\*

## 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? \*

Do you have a DR phone system? \*

Yes No

How many numbers do you have? \*

How many toll-free (TF) numbers do you have? \*

How many fax numbers do you have? \*

How would you like to receive fax?

Web Portal Email Physical Fax Machine

How many simultaneous calls would you like? \*

How many inbound minutes do you use each month? \*

How many outbound minutes do you use each month? \*

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. \*