



ILLINOIS NETWORK PROFILE – CONNECTIVITY SURVEY

Please fill this form out in its entirety. Failure to do so may cause a delay in your installation. *Thank you!*

PLEASE CONTACT SHARP SBS Indy with Questions at 317-844-0033

ACCOUNT INFORMATION

Proposed **SHARP** model: _____ Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Contact Name: _____

Primary Contact E-mail: _____

IT Contact Name & Phone #: _____

IT Contact E-mail: _____

IT Contact Company Name: _____

SBS Sales Executive: _____

NETWORK INFORMATION – printing and scanning

Network type: Ethernet Wireless

If Ethernet network: Live network drop available? Yes No

If wireless network: 802.11b 802.11g 802.11a 802.11n

Wireless encryption: None WPA WEP Other:

Print queue configuration: Server Direct

If "Server", state server OS: Windows Linux Unix Novell Mac

If "Direct", connect via: USB Parallel TCP/IP

Domain Name: _____

DNS Server IP: _____

IP Address for copier: _____

Subnet Mask: _____

IP Gateway: _____

Will device scan to e-mail? Yes No SMTP Auth.? Yes No

E-mail server IP Address: _____

SMTP Account: Username: sharp Password: _____

LDAP connectivity required? Yes No

LDAP Server IP Address: _____

LDAP search root: _____

LDAP Username: _____ Password: _____

Will Device Scan to SMB? Yes No Server Type: Windows Linux/Samba

SMB Configuration Settings: Path: _____ Username: _____ Password: _____

Will Device Rx/Tx Faxes? Yes No Analog Line Available? Yes No

Inbound Faxes Will Resolve: By Print Forward to E-Mail Forward to SMB

WORKSTATION INFORMATION

Please enter the number of workstations that will print to the networked device: _____

Describe client OS on workstations at your location below:

Windows® OS: Win 2000 Win XP Win Vista Windows 7 Other: _____

Macintosh® OS: Classic OS X

Linux/Unix® OS: red hat SuSe Fedora HP-UX

Please indicate the software or suites that you use to print to the networked device:

MS® Office Adobe CS® Reader DTP CAD SAP®

QuickBooks® QAD® Custom Other:

Please list five users who will get Sharpdesk® installed:

METER VOLUME COUNT TRACKING OPTIONS

Choose one of TWO ways to deliver Print and Copy volume to Sharp Business Systems Indiana:

- Remote E-mail Diagnostics (RED, Sharp Exclusive)
 Client to Server based Remote Fleet Facilities Manager

Reason NOT to choose either method: _____

CUSTOMER SIGN-OFF

The information within this document is a required part of the SHARP Business Systems sales process. Failure to provide valid and up to date information by an authorized network agent will result in the delay of installation. The information gathered is used to properly configure the proposed networked device to your environment.

Authorized Network Administrator: _____

Date of completion: _____





NETWORK DEVICE SPECIFICATIONS

Is there adequate space for the proposed device for normal operation and maintenance? Yes No

Is the area around the device level? Yes No

Is there a dedicated circuit for this device? Yes No

Please indicate the circuit type from the choices below:

 <input type="checkbox"/> 115V, 15-amp Nema 5-15R	 <input type="checkbox"/> 115V, 20-amp Nema 5-20R	 <input type="checkbox"/> 208-240V, 20-amp Nema 6-20R	
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