



# INDIANA 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:

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## 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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