



Site Survey must be completed before any network setup will be performed.

NETWORK SITE SURVEY

Account Executive: _____ Date: _____

www.myadsusa.com

407-412-6929

CUSTOMER SITE INFORMATION					
COMPANY NAME		D. M. CONTACT		IN-HOUSE I.T. AVAILABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMAIL		3RD PARTY I.T.	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP		I.T. CONTACT		CONNECT ON DELIVERY	<input type="checkbox"/> YES <input type="checkbox"/> NO
TEL NO		I.T. EMAIL		I.T. CELL #	

Scan Setup: ☐ None ☐ Scan to E-mail ☐ Scan to Folder ☐ Scan to FTP

Print Setup: ☐ None ☐ Print ☐ Print to Fax

Print Driver Type: ☐ PCL5 ☐ PCL6 ☐ PS ☐ EFI/PS ☐ LanFax

Address Book Transfer: ☐ YES ☐ NO

Customer Comments:

NETWORK INFORMATION		SMTP - SCAN TO EMAIL INFO		SCAN TO FOLDER INFO		PORT AVAILABILITY			
SUBNET MASK		SMTP SERVER NAME/ADDRESS		FILE SERVER NAME/ADDRESS		DATA PORT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GATEWAY		SMTP AUTH ENABLED		AUTH USERNAME		USB PORT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DOMAIN		SMTP USERNAME		AUTH PASSWORD		FAX PORT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DNS 1		SMTP PASSWORD		NUMBER OF FOLDERS		DRIVERS SHARED ON SERVER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DNS 2		SMTP EMAIL ADDRESS		INTERNET SERV PROVIDER					
1-MODEL/COPIER	ASSIGNED IP ADDRESS	LOCATION	Qty	SERVER PLATFORM		Qty	CLIENT DESKTOPS	ELECTRICAL AVAILABILITY	
				WINDOWS 2000		WINDOWS 2008	WINDOWS XP	WINDOWS 7	<input type="checkbox"/> 110-120V 15A
2-MODEL/COPIER	ASSIGNED IP ADDRESS	LOCATION		WINDOWS 2003		AS400/I SERIES	WINDOWS VISTA	WINDOWS 8	<input type="checkbox"/> 110-120V 20A
				MAC OS		OTHER	MAC OS	Ver:	<input type="checkbox"/> 208-240V 20A
3-MODEL/COPIER	ASSIGNED IP ADDRESS	LOCATION		OTHER		OTHER	MAC OS	Ver:	<input type="checkbox"/> NONE
				32 BIT		64 BIT	32 BIT	64 BIT	<input type="checkbox"/> ALL

Solutions and Software Packages: Please make sure to obtain license(s) prior to installation. Software will not be installed without receiving a signed pre-requisite form from the customer and/or a SOW (Scope of Work) from a Solutions Manager.

Please check: ☐ SHARPEDESK ☐ DRIVE ☐ R.E.D.S ☐ EQUITRAC

Company Name: _____ Customer Signature: _____ Service Manager: _____