REQUEST FOR QUOTE

Company name: DODITEC LTD t/a VoIPVoice Telecom



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| Company Nur | nber: 14216887 | | VAT No.: 424 2770 10 | | | | |
|---|------------------------------------|-------------------------------------|---|--|--|--|--|
| Address 71 - 75 Shelton Street, London, WC2H 9JQ United Kingdom | | Tel. No.: Email: Websites : | +44 (0) 1234 510 411 sales@voipvoice.co.uk www.voipvoice.co.uk www.doditec.co.uk | | | | |
| | / Information (Incorpo | | ally as applicable | | | | |
| * Business : | ie arop-aown menu options or | | usiness : | | | | |
| Name | | | ımber | | | | |
| * Business : Address | | | | | | | |
| VAT Number : | | Website URL | : | | | | |
| * Business : Locations | | | | | | | |
| Number of : Employees? | | * Are you a Call/Contact Centre? | : : Yes No | | | | |
| Primary 0 | Contact(s) | | | | | | |
| * Title, First name & Su | urname * Telephone n | umber | * Email | | | | |
| | | | | | | | |
| | | | | | | | |
| Primary T | echnical Contact(s) | | | | | | |
| (IT) Technical Suppo Name | rt Contact (IT) Technica Number | l Support Telephone | (IT) Technical Support Email | | | | |
| | | | | | | | |
| Notes: | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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| Existing Setup | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| Current VoIP Supplier | * Current number of office extensions/users | * Current number of remote extensions/users | | | | | | | |
| | | | | | | | | | |
| Any Hot desking used? | Broadband type? | Current Phone/VoIP System Type? | | | | | | | |
| If Conference room hardware/softwa system brand? | are is used, what is the conference | *List current phone features in use? | | | | | | | |
| | | | | | | | | | |
| * Current number of DDI Phone Numbers? | Estimated monthly average minutes per user? | | | | | | | | |
| Router brand? | Notes | | | | | | | | |
| | | | | | | | | | |
| Router Model? | | | | | | | | | |
| | | | | | | | | | |
| Project Requirements | | | | | | | | | |
| k Number of incoming Lines? | : | | | | | | | | |
| How many concurrent/simultaneous you need your system to handle at a | s calls do : ny time? | | | | | | | | |
| | s in queue or on hold, uses a "line". Plea e planned now, and executed at the ea e. | | | | | | | | |
| Number of IP Desk phones required? | Number of Entry level IP Phones required? | Required minimum number of SIP Accounts? | | | | | | | |
| Number of Mid-level IP Phones required? | Required minimum number of SIP Accounts? | | | | | | | | |



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| Number of Advanced-Level IP Phones required? | Required minimum number of SIP Accounts? | | Any IP Phones with video feature required? | | | | | |
|---|---|---|--|---------------------------|-------------------------------|--|--|--|
| | | | | Yes | No | | | |
| IP Phones Brand preference? Model preference? | | *Extension Preference: 3 digits? 4 digits? Any? Unknown? | | | | | | |
| * Any Conference Phone system r | equired? | How many? | , | Any branc | d preference? | | | |
| | | | | | | | | |
| * Number of headsets required? Any headset preference? | *Number of us minutes? | ers on PAYG | | mber of us outes/mor | sers on 1000 oth? | | | |
| | | | | | | | | |
| *Number of users on 2000 minutes/month? | * Please provide your required call-flow or state a scenario number from our website that corresponds to your desired call-flow | | | | | | | |
| | | | | | | | | |
| *Please list phone features you require | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| When do you intend to have this system installed (In weeks)? | Support prefe | erence? | | n-site insta quired? Y | allation and setup es? No? | | | |
| | | | | | | | | |
| What's your Budget for this project, if any? | | | | | | | | |
| | | | | | | | | |
| More Information Please provide any other information that yo | u feel is relevant for us | to know | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

