

Telecom Proposal Submission Form

Reg. ID.# -

(Complete below with customer)

*# of Phone Lines: _____ # of physical telephones in their office: _____
(Make sure you ask if they use them all. A customer may have 6 but only uses/needs 4)

*Is customer using a phone system or stand alone phones: _____
(Name of the system here that would be helpful) (Stand Alone- Typically 4 lines or less / phones purchased at a retail store)

*How many people have or need voicemail? _____ *Current Internet Provider: _____

*Internet Type: _____ *Does customer have TV with service: _____
(DSL, Cable, Uverse, FIOS, ETHERNET, T-1) (Ex: Uverse / Direct TV / Comcast)

*Static or Dynamic IP Address: _____
(Write "Not Sure" if customer does not know. If they host their own website or have video surveillance they probably have static)

*Is customer using T-1 Line: Yes _____ No _____

*Is customer under contract with their current carrier: Yes _____ No _____ if yes when does it end _____
(Write "Not Sure" if customer does not know)

Add/Delete Phone Lines: _____

More Bandwidth: _____

Anything Customer is unhappy with: _____

(Sales Rep to Fill Out)

Company **Billing** Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Fax Number: _____

Current Local Carrier: _____ Current Long Distance Carrier: _____

Customer's Email: _____

Empower Independent Representative Information

Name _____ Rep ID# _____

Phone _____ Email: _____

Email to telecom@utilityadvocate.com or fax to 203-262-6001 Attn: UA Merchant Services