



# NEW EQUIPMENT INSTALLATION SITE SURVEY

Fax to (920) 735-0892 or email to sales@neponline.com

NEP Rep: \_\_\_\_\_

Customer: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Network Contact: \_\_\_\_\_

Network Phone: \_\_\_\_\_

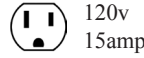
### Verify Site Requirements (within 6 feet)

Power:  Yes  No    Network:  Yes  No  n/a

Space:  Yes  No    Fax:  Yes  No  n/a

Work completion date: \_\_\_\_\_

### Power Requirements (select one)



## Select requested services to be configured at time of installation

Yes  No **Copy Only Install**    No scanning or printing will be configured at this time. If network installation is performed at a later date, that installation may be a chargeable service.

Yes  No **Authentication**    Can be enabled on many devices to restrict machine access and track usage. If your environment requires these types of restrictions, provide a concise description below of your requirements.

\_\_\_\_\_

Yes  No **Printing**    If selected, **choose one** of the options below and provide the necessary information.

Standalone PC (1)                       Networked workstations (up to 3)                       Server shared printer

Static IP Address for the Device: \_\_\_\_\_

Required Page Description Languages:     PCL 5e/6     Postscript     IPDS / AFP     Other \_\_\_\_\_

Yes  No **Scanning\***    If selected, scan-to-email is recommended with the option to expand scope as necessary.

Scan-to-email    Requires a valid email account. The following information is required.

Internet Provider: \_\_\_\_\_ (example: Road Runner, Charter, SBC Global)

SMTP server address: \_\_\_\_\_ (ex: smtp.company.com or 172.21.32.26)

Device email address: \_\_\_\_\_ (ex: mailscanner@myorganization.com)

Scan-to-Folder    Our technician will help determine the best scanning method (FTP, SMB) and train on setting up one location. If your environment requires Scan-to-Folder, provide a concise description below of your requirements.

\_\_\_\_\_

Yes  No **Faxing**    If selected, choose any additional advanced fax features. Features not supported by all devices.

Yes  No Incoming faxes forwarded to email or folder

Yes  No LAN fax (Faxing directly from PC print driver, not supported for MAC OS)

### Software Environment & Requirements

Which client / desktop operating systems will be connected to the NEP Product? (check all that apply)

MacOS 10.\_\_\_\_     Win7 x32     Win7 x64     Vista x32     Vista x64     XP     Other \_\_\_\_\_

Which network operating system (server) are you using? (check all that apply and list version)

Citrix     2000/2003     2008 x32     2008 x64     Novell \_\_\_\_\_     AS400/iSeries \_\_\_\_\_     Other \_\_\_\_\_

Please list any key software applications that will be used with the NEP Product.\*\*

\*Note: NEP will do its best to install desired scanning selection, however, network configuration may limit set-up options.

\*\*Due to the wide variety of legacy software applications and operating systems, NEP cannot guarantee complete compatibility with all software applications.

I acknowledge that the above information properly reflects the new machine installation scope and I authorize NEP to schedule its deployment staff accordingly. In the event scope expansion is requested at time of installation, NEP will do its best to accommodate within the allotted timeframe at no additional charge. However, I understand that additional work may prompt the need for a follow-up site visit at an additional charge. Lastly, in the event site preparation is needed prior to installation (i.e. adequate power wiring, live network drop, analog fax line, etc.), I understand it is my responsibility to complete these tasks before machine delivery is scheduled to avoid callback fee.

Authorized Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_