

### **Agent Information**

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Agency Name

Sales Agent Name

### **Customer Information**

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Company Name

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Address

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City

State

Zip

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Company Contact

Email

Phone Number

### **Project / Worksite Information**

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Name

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Address

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City

State

Zip

Country

---

Contact

Phone number

Fax Number

### **Billing Information**

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Name

Rev.IO Account Number (Existing Customer)

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Address

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City

State

Zip

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Attention

Phone number

Fax Number

**CONTINUE TO PAGE 2 QUESTIONNAIRE**

## Project Planning Questionnaire

This simple questionnaire will help the Comm-Core team guide you to the appropriate solution for your project.

1. How many indoor cameras would you like? \_\_\_\_
  - A. Are these going to be mounted on Ceiling or Walls?  Ceiling  Walls
  - B. What type of Ceiling and Walls do you have?  Drop Ceiling  Brick  Drywall
2. How many outdoor cameras would you like? \_\_\_\_
  - A. Is the outdoor area well-lit at night?  Yes  No
  - B. At night, will you need surveillance beyond 100 feet from the camera?  Yes  No
3. How long would you like to store your video? \_\_\_\_ (days)
4. Would you like to monitor your video locally? (meaning do you want a video monitor up 24/7/365 for real-time video monitoring)  Yes  No
5. Do you have a current surveillance system today?  Yes  No
  - A. If yes – What brand, model, age? \_\_\_\_\_
  - B. Is it IP based or Analog?  IP based  Analog
6. Would you like us to quote you cabling?  Yes  No
7. Would you like us to quote you a POE switch?  Yes  No
8. How many physical locations do you have? \_\_\_\_
  - A. If multiple – Do you have surveillance in those locations as well?  Yes  No  Some
9. Who is your internet provider? \_\_\_\_\_
  - A. What internet speeds do you have? \_\_\_\_ (Mbps download) \_\_\_\_ (Mbps upload)
  - B. How many computers are on your network? (helps determine bandwidth need) \_\_\_\_
  - C. Do you have a static IP?  Yes  No
    - i. If yes – Do you have a block of static IPs or only one?  Block  One
      - a. If a block of static IPs – do you have any available?  Yes  No
10. How often do you need to record?  24/7/365  Motion Only  Both
  - A. If 24/7/365 – How many cameras?  All  Other (please specify) \_\_\_\_
  - B. If both – How many 24/7/365? \_\_\_\_ How many motion only? \_\_\_\_
11. Hours of operation - When should motion be captured?  24/7/365  Specific Business Hours
  - A. If specific business hours – Please list business hours.  
Weekday: \_\_\_\_\_ to \_\_\_\_\_ Weekend: \_\_\_\_\_ to \_\_\_\_\_
12. What type of video quality would you like?
  - A. If multiple – How many of each?  
Standard \_\_\_\_ 720P HD \_\_\_\_ 1080P HD \_\_\_\_ 5MP \_\_\_\_

**Please remit to your Comm-Core sales representative or quotes@comm-core.com.**

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