

IP Prequalification Form

Please take a moment to fill out our prequalification form and email to [project@valcom.com](mailto:project@valcom.com).

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

Company Information			Contact Person Information		
Company _____			Name _____		
Address _____			Email _____		
City _____	State _____	Zip Code _____	Cell _____	Fax _____	
Phone _____		Fax _____			
Website _____					

Are you a Cisco Certified Voice Partner?   
 Gold   Silver   Select   Premier   No   If you answered no, do you currently sell other IP voice solutions? Explain \_\_\_\_\_

How many employees work at your company? \_\_\_\_\_ How many years your company has been in business? \_\_\_\_\_

What are your total yearly sales?	Do you have on staff Network Certified Engineers?	What markets do you service?
>1 mil      5-10 mil	CCIE      CCNP      No	Financial      Higher Education
1-2 mil      10-20 mil	Other qualifications _____	Government      Hospitality
3-5 mil      > 20 mil		Healthcare      K-12
		Other _____

Is your company proficient and experienced in programming the following?

IP Address	yes	no	Multicasting	yes	no
Subnet Mask	yes	no	Broadcasting	yes	no
Gateways	yes	no	Unicasting	yes	no
Routers	yes	no	Packet Capturing	yes	no
VLAN's	yes	no	PoE Switches	yes	no

If you answered "No" to any of the above, do you agree that prior to purchasing Valcom VoIP based equipment, you will either partner with a company that specializes in networking, or secure equivalent end user network resources?      yes      no

Do you agree to provide, either through your company or a qualified partner, any and all network expertise for jobs utilizing Valcom VoIP based equipment and to be totally responsible for any required network setup, programming and troubleshooting?      yes      no

I hereby declare that all information furnished above is true and correct and understand that false or inaccurate information will be the basis to deny procurement of Class Connection IP Products.      Initials \_\_\_\_\_

Office Use Only

Approved	Not Approved	Note	
Signature _____		Date _____	