## IP Prequalification Form

| Please take a moment to fill out our prequalification form and email to 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 may employees work at your company?  How may years your company has been in business?  |      |           |              |                            |     |   |      |
| What are your total yearly sales?    O you have on staff Network Certified Engineers?   What markets do you service?   |      |           |              |                            |     |   |      |
| Is your company proficient and experienced in programming the following?   |      |           |              |                            |     |   |      |
| IP Address   | yes  | no        | Multicasting | g                          | yes |   | no   |
| Subnet Mask  | yes  | no        | Broadcastin  | g 🗀                        | yes | П | no   |
| Gateways   | yes  | no        | Unicasting   |                            | yes |   | no   |
| Routers  | yes  | no        | Packet Capt  | uring                      | yes | Ш | no   |
| VLAN's   | yes  | no        | PoE Switche  | <u></u>                    | yes | Ш | 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?                     |      |           |              |                            |     |   |      |
| 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? |      |           |              |                            |     |   |      |
| 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   Submit                                |      |           |              |                            |     |   |      |
| Office Use Only  |      |           |              |                            |     |   |      |
| Appro  | oved | Not Appro | ved Not      | e                          |     |   |      |
| Signature  | 2    |           |              |                            |     |   | Date |