



Data Collection Sheet

Customer information

Company _____

Address _____

IT onsite Yes ___ No ___

IT Contact Name _____

Phone # _____ On Site ___ Remote ___

Email _____

Subnet (example 255.255.255.255)

IP range (Example 10.10.10.1-255)

_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____
_____ - _____	_____ - _____

Number of supported, non-networked devices _____ (USB/Parallel)

Capitol Office Solutions printer Rep: _____

Date Submitted: _____