

Agent Information

Agency Name	:	Sales Agent Name		
	Customer Information			
Company Name				
Address				
City	State	Zi	ip	
Company Contact	Email	Р	hone Number	
	Project / Worksi	ite Informati	on	
Name				
Address				
City	State	Zip	Country	
Contact	Phone number	F	ax Number	
	Billing Infe	ormation		
Name	Rev.IO Account Number (Existing Customer)			
Address				
City	State	Z	p	
Attention	Phone number	F	ax Number	

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Project Planning Questionnaire

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

AC	ccess Control Questions				
1.	How many users will there be in the system?				
2.	How many readers will require a keypad?				
3.	How many readers will be installed indoors?				
4.	How many readers will be installed outdoors?				
5.	Would you like to use magnetic locks or electric strikes? ☐ Magnetic locks ☐ Electric strikes				
6.	Which credential form factor do they prefer?				
	☐ Thin card ☐ Keyfob ☐ Clamshell ☐ Cap tag ☐ Mobile device/phone				
	A. If thin card – Would the customer like to print user information on them? ☐ Yes ☐ No				
7.	Will you require access control in an elevator? ☐ Yes ☐ No				
	A. Will this be individual floor control or just call button control? ☐ Individual ☐ Call Button				
8.	Any existing equipment on-site? ☐ Yes ☐ No				
	A. If yes – What brand, model, age?				
IP	Network Questions				
1.	Do you have an existing POE Switch or would you like us to quote new? ☐ Existing ☐ New				
	A. If you would like to utilize existing POE Switches – please answer below:				
	i. POE Switch brand, model, age?				
	ii. Are the POE switches managed or hub? ☐ Managed ☐ Hub				
	iii. What wattage is the POE switch power supply rated for?				
2.	Do you require an Active Directory Integration? ☐ Yes ☐ No				

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

