

**RESOLVE**

NEC Corporation of America  
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Please fill out the attached forms and return to the above address via either mail or facsimile

<http://www.necunifiedsolutions.com/main/Support/SupResolve.asp>

**SYSTEM CONFIGURATION QUESTIONNAIRE FOR RESOLVE CUSTOMERS**

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_ **Vendor Name:** \_\_\_\_\_

1. Please list information below for **each** NEC communication system in your network.

LOCATION NAME	SYSTEM TYPE	TOTAL WIRED PORTS/LICENSES	SOFTWARE REVISION LEVEL

NO. OF APPLICATION SERVERS	LIST APPLICATIONS

CERTIFIED NEC TECHNICIANS	TECH ID NO.

If applicable, please describe the special modifications for **each** of the communication systems listed above. Reference the name assigned above in the "LOCATION NAME" column.

Briefly outline any special modifications unique to this system:

LOCATION NAME: \_\_\_\_\_

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LOCATION NAME: \_\_\_\_\_

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LOCATION NAME: \_\_\_\_\_

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LOCATION NAME: \_\_\_\_\_

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LOCATION NAME: \_\_\_\_\_

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