



PABX (TELEPHONE SYSTEM) DETAILS FORM

CUSTOMER NAME

Business Trading Name _____

Number of Office Staff _____

COMPANY TECHNICAL CONTACT PERSON

Name _____

Position held in Company _____

Phone Number _____

Mobile Number _____

Email address _____

Preferred method of contact _____

PABX MAINTAINER/INSTALLER'S DETAILS

Hint: *(These details are often found on a sticker, on the PABX box itself.)*

Company Name _____

Contact Person _____

Phone and Mobile _____

Email address _____

PABX DETAILS (ACTUAL OR REQUIRED)

Phone System Make & Model: _____

Number of Desk Handsets: _____

Number of Cordless Handset: _____

Current Features: (please circle) *Voicemail --- Music on Hold --- Selectable Menus --- Battery Backup*

Requested/Added Features: _____

Number of Lines in use: (hint: see phone bill) *PSTN(normal) _____, ISDN2 _____, ISDN10/20/30 _____*

Additional Notes: *e.g. 2-level office space*

Please complete as much of this form as possible. Please describe any information which is pending, or unavailable at the time of completing this form.

All information gathered in this form will remain the private information of Aussie Phone Brokers; except where such information may be used to service the customers' needs under our arrangement.

All information gathered is subject to our Privacy Policy. Visit www.aussiephonebrokers.com.au to view our policies. Client Information is held in the strictest confidence.

Please use the space below for any additional information.

FOR AUSSIE PHONE BROKERS OFFICE USE ONLY

Customer Name

Customer Code

Date Received
