



CUSTOMER SITE SURVEY

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SHIP TO INFORMATION (to be completed by sales rep)

STEP 1

Company Name:		Sales Rep:	
Address:		City:	Zip:
Department:		Floor:	Suite:
Primary Contact:	Phone:	Email:	
Alternate Contact:	Phone:	Email:	

DELIVERY REQUIREMENTS

Office Hours or Delivery Hours Available: _____ AM to _____ PM Loading Dock Available? YES ☐ NO ☐

Stairs Within Building? YES ☐ NO ☐ Number of Treads? _____ Elevator within Building? YES ☐ NO ☐ _____

Please provide the door opening dimensions of the elevator, entrance door and the actual door of the room where the equipment will reside:

Entrance: _____ x _____ Equipment Room _____ x _____ Elevator _____ x _____

Special Instructions: _____

EQUIPMENT SPACE AND ELECTRICAL REQUIREMENTS

Make:	Model:	Prior Make:	Prior Model:
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Space requirements are mandated by the manufacturer for proper operation and when service work is required. The space requirements vary by make, model and the type of accessories, so please request a space requirement sheet from your salesman before the order process begins.



☐ 120V/15A
NEMA 5-15R



☐ 120V/20A
NEMA 5-20R



☐ 208V/15A
NEMA 6-15R



☐ 208V/20A
NEMA 6-20R

The diagrams above indicates the type of electrical circuit and outlet required at customer site in relation to the duty cycle of the main unit. Please be aware that certain accessories and/or controllers may require power from additional electrical outlets. Please consult your sales rep for details.

INSTALLATION ACKNOWLEDGEMENT

By signing, you acknowledge that all electrical and space requirements have been verified and met for proper installation of the equipment and that you have provided the correct and necessary information in order to configure said equipment onto the network. Please note that failure provide the necessary requirements will only delay or prevent a proper installation. Please call WJS for any questions and concerns before the install date.

*

Customer Signature

*

Date

*

Name Printed

CUSTOMERS, PLEASE PROCEED TO STEP 2 (on reverse page for your network information)

CUSTOMER NETWORK SURVEY**STEP 2****REQUIREMENTS FOR CONNECTIVITY SERVICES**

- Proper electrical power within 6 feet of intended location. (A dedicated line is recommended)
- Functional phone line within 6 feet, if FAX option is purchased.
- Functional network drop within same room as equipment.
- Please note that any clients running Windows S or discontinued/unsupported Windows operating systems may not be supported.
- Provide network address information below for TCP/IP protocol installations. **(Please have your network personnel complete lower section*)**
- Have a network administrator or knowledgeable computer person available for install.
- Have a Key Operator / End User available for training after the install is complete.
- Have the proper space allocated per manufacturer's specifications. (Usually at least 1.5 ft on each side and 2.5 ft for front and rear)
- Provide functional email credentials in order to configure the MFP for outgoing email functionality.
- Provide user and password credentials in order to configure the MFP for Network Scanning.

SERVICE PROVIDED BY THE INCLUDED CONNECTIVITY SERVICES

- Assist the network administrator or knowledgeable computer person with the driver installation for up to (2) hours while onsite.
- Configure the equipment with the network and email information supplied from this survey.
- Instruct and train Key Operator / End User on print driver use and color calibration. (if applicable)

OPTIONAL SERVICES AVAILABLE FOR AN ADDITIONAL COST

- Provide a wired Network Switch or Wireless Adapter, if one is not standard on the model purchased.
- Troubleshoot email and software issues that are directly related to the WJS equipment.
- Customers may purchase additional support after the (2) hours of included support has expired during the onsite installation.
- Provide additional training sessions for new or absent employees on functionality and advanced features of the equipment.

* ☐ We assume the responsibility of installing and configuring the device onto our network without WJS connectivity personnel's assistance.

***Information for connecting the device to the network:**

Computer Environment: Windows ☐ MAC ☐ Mobile Devices ☐ Linux ☐ Servers ☐ Other ☐ _____

***Required network information for the installation:**

Internet Provider:	<input type="text"/>	Email Provider:	<input type="text"/>
Local Static IP Address:	<input type="text"/>	Domain Name:	<input type="text"/>
Subnet Mask:	<input type="text"/>	DNS Server:	<input type="text"/>
Gateway Address:	<input type="text"/>	Sec DNS Server:	<input type="text"/>

***Information for Scan to Email function:**

SMTP server IP or Host name:	<input type="text"/>	Port #	<input type="text"/>
Email account for the MFP (if req'd):	<input type="text"/>		
Password for the email account:	<input type="text"/>		
Authentication method / Other:	<input type="text"/>		

***Information for Scan to Network function:**

IP Address and/or Host Name:	<input type="text"/>
Account for Login:	<input type="text"/>
Password of Account:	<input type="text"/>

***Network Contact Information:**

Contact Name:	<input type="text"/>	IT Personnel are:	<input type="checkbox"/> On-Site	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> None
Contact Phone:	<input type="text"/>	Email:	<input type="text"/>		