Level(3)
COMMUNICATIONS

EASY ONBOARDING FORM

Please complete this form and return to your Account Manager
Items with * are required information.

Company Information

Company Information	
Company Name*	
Contact Name*	
Primary Phone*	
Secondary Phone	
Email Address*	
Fax	

Site Information
(List One Technical Contact Per Site)

Site Information	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7
Scheduling Contact Name							
Scheduling Contact Email Address							
Scheduling Contact Phone							
Technical Contact Name*							
Technical Contact Primary Phone*							
Technical Contact Secondary Phone							
Technical Contact Email Address*							
Site Room Name*							
Site Room Address*							
City, State, Country*							
Room Telephone Number*							
Endpoint datarate capability							
Equipment (codec) type and software version							
ISDN Numbers For Endpoint*							
IP address* **please note that if a NAT device is used, GC requires the Registered transport address/outside NAT address. If outside address is DHCP, GC must be provided updated address for each call. **Please also note that this IP address field is pertaining to IP over the public internet. For IP VPN customers, a seperate meeting will be established to review IP specific endpoint information.							
ISP (Internet Service Provider)							
Add additional sites and information as necessary							

Billing Information
(Can be set up using primary contact, one bill center for all sites - Centralized Billing, or separate billing per site)

Billing Information							
Billing Contact Name*							
Billing Address*							
City, State, Country*							
Billing Email Address*							

Meeting Information

Meeting Information	
Meeting Date*	
Meeting Times (Start and approximate end time)*	
Time Zone*	
Datarate	
Special Features Requested (Continuous Presence, Director Control, etc.)	