



Dedicated Circuit Information Form

Date: _____

1-800-862-LYNK
www.cyberlynk.net

T1

Fractional T1

AIR

Company: _____

Do you have an IT /IS person or department? Yes No

If "yes", who is the contact person? _____ Extension, if available: _____

Is there an outside consultant? Yes No (If "yes", please provide the following information:)

Consultant's Name: _____

Company: _____

Phone Number: _____

Is a Firewall, Router, or Proxy Server currently in use? Yes No (If "yes", please provide the following information:)

Brand/Model/Version: _____

Maintained by: _____ Phone number: _____

Existing IP Address(es): _____

Do you have an in-house Mail Server for Internet mail? Yes No (If "yes", please provide the following information:)

Brand/Model/Version: _____

Maintained by: _____ Phone number: _____

Existing IP Address(es): _____

Is inbound mail collected from a single outside mailbox (POP3)? Yes No

OR

Is inbound mail received via direct SMTP connection from outside? Yes No

Do you have or will you have any other type of server in-house? Yes No

If "yes," please give a detailed description: _____

Do you have an existing network? Yes No

If "yes," what is the IP Addressing scheme used?

192.168. _____

10. _____

172. _____

Other: _____

Specific Addressing?

Gateway: _____

Subnet Mask: _____

Do you need live IP Addresses? Yes No If "yes," please state how many: _____