



## VoIP interconnect Form

Veillez nous communiquer des informations sur votre site technique  
Please Fill in this form.

### Contact information:

Name of Company / raison sociale			
Point(s) of Presence Location / points de présences			
Primary Contact / contact primaire		Position	
Office phone / N° de téléphone		Fax	
Cell phone / Mobile			
E-mail		WEB http://	
Technical Support			
Office hours phone / ouverture des bureau		Fax	
7x24 phone			
E-mail		CC to	

### Outgoing calls (if needed)

#### Equipment information:

Manufacturer / Model	IP address	Termination (Yes/No)	Origination (Yes/No)	Software release	Protocols / Codecs Supported

### Incomming Calls (if needed)

Amount of incoming numbers

#### Equipment information:

Manufacturer / Model	IP address	Termination (Yes/No)	Origination (Yes/No)	Software release	Protocols / Codecs Supported