

SIP TRUNKING CONFIGURATION DETAILS

***PBX Make and Model** _____ Software revision _____

PBX Vendor Contact Info:

Name: _____ Phone: _____ Email: _____

ICMP Responsive IP address _____ Codec G.711 _____ or G.729 _____

***Static IP address** _____ **or Dynamic registration**

Business Continuity (Device Failover), if ordered provide 2nd IP address: _____

***Type of internet connection** _____ **and provider?** _____ **speed?** _____

***Are there local numbers to be ported?** _____ **If so how many?** _____

***Are there Toll free numbers to be ported?** _____ **If so how many?** _____

Desired City and State or NPA/NXX (if new numbers are being ordered) _____

Automatic Failover Call Forwarding, if ordered- Trunk based (any DID on the trunk) or Individual DID based?

- ✓ If Trunk based, provide to specific list of PSTN numbers to forward to based on priority:
1. _____ 2. _____ 3. _____
- ✓ Individual DID based- Please attach a DID listing with a specific list of PSTN numbers to forward to, based on priority, per DID.

IT Vendor Contact Info:

Name: _____ Phone: _____ Email: _____

Firewall Make and Model _____ software revision _____

Is the circuit for Voice only _____, Voice and Internet _____ and/or MPLS _____

SPECIAL INSTRUCTIONS: