

Globe Internet Ltd Survey Form

Date of Interview (mm/dd/yyyy): _____

Customer Details: W/A.....	
Name of Customer: Address:.....	
Building Name:..... Location:.....	
Contact Telephone:..... Email Add:.....	
Connection:	
Type of Connection : <input type="checkbox"/> Dial up <input type="checkbox"/> Leased Line <input type="checkbox"/> VSAT <input type="checkbox"/> Wireless <input type="checkbox"/> Wifi <input type="checkbox"/> SCDMA	
Connection Speed: <input type="checkbox"/> 32k <input type="checkbox"/> 64k <input type="checkbox"/> 128k <input type="checkbox"/> 512k Others:	
Total Number of Users:.....	
Email Users:.....	
Internet Users:.....	
Equipment Provided:..... Equipment Frequency.....	
Other Equipments:.....	
Configured IP:.....	
Connection Speed: <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Response to Downtime <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Download Time	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Slow
Support and services	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor
Blocking of spam and other Mal-ware	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Comments: _____ _____	
Email Software:	<input type="checkbox"/> VPOP3 <input type="checkbox"/> Other: _____
	Domain Name:.....
	Web Applications:.....
Other Software Applications:	Payroll: _____
	Accounting: : _____
	Training requirements: _____
Antivirus Solution	
Type of Printers being used:.....	
Recommendations	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Signed by: _____