

# iCall | Carrier Services

## Pre-Integration Worksheet

Please complete this form, initial each page where indicated and return the completed form by fax to +1 (203) 422-2984 or via e-mail to info@icall.com.

Sales Contact	
Contact Name	
E-mail Address	
Telephone Number	
Fax Number	
Instant Messenger	

Technical Contact	
Contact Name	
E-mail Address	
Telephone Number	
Instant Messenger	

Services Requested				
Local Origination	Toll Free Origination	Domestic Termination	International Termination	Server Collocation

Authentication Method	
Authentication Method	
IP Address (Only if IP Based)	

Platform and Version

iCall Initials: \_\_\_\_\_

Customer Initials: \_\_\_\_\_

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Please complete each of the sections below that apply to the services you have requested.

<b>Local Origination and/or Toll Free Origination</b>	
Channels requested	

<b>Domestic Termination</b>	
Average Call Duration	
Maximum Channel Capacity	
Maximum Calls Per Second	
CODEC	

<b>International Termination</b>	
Average Call Duration	
Maximum Channel Capacity	
Maximum Calls Per Second	
CODEC	
Primary Region	

For Internal Office Use Only:

Username		Rate Sheet ID	
Verified		Received Date	
Funded		Turn-Up Date	
Special customer requirements/commitments:			

iCall Initials: \_\_\_\_\_

Customer Initials: \_\_\_\_\_