

## PABX REQUEST FORM

**NAME OF COMPANY :** .....

**INDUSTRY :** .....

**CONTACT :** .....

**E-Mail :** .....

**PHONE NUMBER :** .....

**CURRENT PABX BRAND:** .....

**1. How many Telkom lines do you need the system to have?**

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**2. How many user extension numbers do you require?**

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**3. Please indicate the type and quantity of handsets you require:**

☐ **Switchboard –** Quantity.....

☐ **Normal Handsets –** Quantity.....

☐ **Display Handsets –** Quantity.....

☐ **Mobile Handsets –** Quantity.....

☐ **Headsets (Call Centre) –** Quantity.....

**4. Do you require a management system?**

☐ **Yes**

☐ **No**

**FAX BACK – 0215574434**

**5. Do you require the system to be expandable to the above requirements?**

☐ **Yes**

☐ **No**

**6. Other comments/requirements**

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**\* Can we add you to our monthly promotional leaflet on the latest prices and product launches?**

☐ **Yes**

☐ **No thanks**

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