SIP QUOTE REQUEST FORM (non-Cisco Voice)

The person completing this order form is responsible for the accuracy of this data which will be used
to create a quote to a customer.

Customer Company	NAME
	ADDRESS

Partner AE	NAME	
	EMAIL	PHONE

Customer Contact	NAME	
	EMAIL	PHONE
Customer Deployment Contact (if different)	NAME	
	EMAIL	PHONE
MDS Completed By	NAME	
	EMAIL	PHONE

1. What is the SIP trunking deployment design?

☐ Centralized Trunking

☐ Local Trunking

☐ Using SIP Encryption Internally

2. Total # of SIP Concurrent Calls Enterprise Wide (sunny day scenario)

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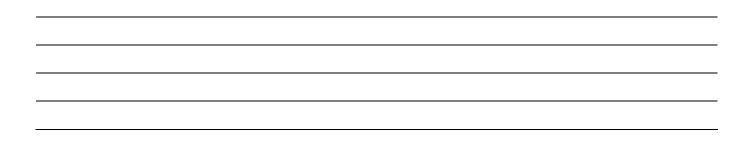
3. Primary Site

SITE ADDRESS	
# OF SIP CONCURRENT CALLS	TYPE OF SBC
# OF INTERNAL SESSION TARGETS *(session manager, IVR, VM etc.)*	HA ☐ Yes　　☐ No

4. Secondary Site

SITE ADDRESS	
# OF SIP CONCURRENT CALLS	TYPE OF SBC
# OF INTERNAL SESSION TARGETS *(session manager, IVR, VM etc.)*	HA ☐ Yes　　☐ No

Note: total session count for all sites should not exceed total SIP sessions enterprise wide.

5. Additional Information / Notes

Example Diagram

SIP Design Example

Carrier Provider

# of concurrent call paths

Edge Router

Customer SBC

SecureLogix SIP Proxy

Site 1

PBX

# of concurrent call paths

Edge Router

Customer SBC

SecureLogix SIP Proxy

PBX

Site 2