



ISP NETWORK QUESTIONNAIRE

Customer: _____
 Customer Address: _____
 Customer Phone: _____ Customer Email: _____
 Internet Service: (do you have internet service) YES NO
 (NOTE: INTERNET ACCESS IS REQUIRED FOR VPN SETUP AND REMOTE ASSISTANCE WITH REGISCOPE PRODUCTS)
 Internet Provider: _____ (Comcast, Verizon, AOL ...)
 Internet Account #: _____ Acct Phone: _____ Acct Contact: _____
 Internet Billing Address: _____

Internet Account Type:
 Cable: Static _____ Generic _____ Other _____
 DSL/ADSL: Static: _____ PPPOE: _____ Other _____
 Other: _____ Other Info: _____

If Static ISP Service:
 IP Information:
 IP: _____ Subnet: _____ Gateway: _____
 DNS: _____

If PPPOE from ISP:
 Username: _____ Password: _____

Internet Speed: _____ UP DOWN
 ISP Router Brand: _____ Router Model: _____ Router Serial Num: _____

Current LAN IP Layout:
 IP: _____ Subnet: _____ Gateway: _____ DHCP NETWORK: YES NO

Current LAN port Forwards: (forwards for DVRs, PCAnyware, RDP)
 IP: _____ Port: _____ Device: _____
 IP: _____ Port: _____ Device: _____
 IP: _____ Port: _____ Device: _____
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New VPN Users: (create new VPN users for your location)
 Username: _____ Password: _____
 Username: _____ Password: _____
 Username: _____ Password: _____

2 Location Contacts: (please fill out as much information as possible about your location contacts)
 Name: _____ Phone: _____
 Email: _____ Mobile: _____
 Name: _____ Phone: _____
 Email: _____ Mobile: _____