



Flexible Document Delivery (FDD) pre-installation questionnaire

(Please fill out one sheet per system)

Contact Info:

Company Name:		System Location (address):	
Contact Name:		Phone:	Email:
		FAX:	

System Identification:

Server Use:	<input type="checkbox"/> Production <input type="checkbox"/> Development <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Other _____	Server Name (optional)	
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Technical Info:

Mail Server: (i.e. smtp.mymailserver.com)	
Fax modem phone number:	

Please return this questionnaire to your Fitrix sales rep or project manager
via fax: 770-432-2448
or email: <sales rep or project manger> or support@fitrix.com