



# VPN Connection Information

(Please fill out one sheet per network if more than one)

## Contact Info:

<b>Company Name:</b>		<b>Primary Location (address):</b>	
<b>Contact Name:</b>		<b>Phone:</b>	<b>Email:</b>
		<b>FAX:</b>	

## Instructions:

Please have your systems administrator provide the information for this form and also confirm that they have tested the connection using this information including testing the connection with the username and password provided above. FGSS will bill any time spent attempting to debug a connection that you have not verified or where you have supplied incorrect information.

## Network Identification:

<b>Network Use:</b>	<p><b>Please Check only 1 box:</b></p> <p><input type="checkbox"/> (Default) Primary, all Fitrix clients and servers are accessible from this network</p> <p><input type="checkbox"/> Primary, some Fitrix clients and servers are accessible from this network but we have other network(s) with other Fitrix clients and servers</p> <p><input type="checkbox"/> Additional, this is a separate network hosting the following additional Fitrix clients and servers Additional Fitrix Server(s) Hosted here:</p> <p>Additional Fitrix Clients Hosted here:</p>
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## VPN Connection Information:

IP Address	
Username	
Password	
Type of VPN (PPTP is default)	
Port Number (or 'Default') if default port number used	

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 Phone 770.432.7623, Toll Free 1.800.374.6157, FAX 770.432.3448, [www.fourthgeneration.com](http://www.fourthgeneration.com), [info@fourthgeneration.com](mailto:info@fourthgeneration.com)

**If VPN type is not PPTP, please list all additional connectivity information needed:**

**Confirmation:**

***Please Check only 1 box:***

I have tested the connection using the above information including the above username and password  
Confirmed by (type or print name)

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