



# ISP FAXBACK FORM

Fax this form to your Internet Service Provider (ISP) to obtain the information needed to configure the OfficeConnect gateway 535.

Internet Service Providers: Please complete the information required to connect to your services over ISDN and fax this form back to your customer, so that she/he can configure their OfficeConnect gateway 535.

## gateway User

Company Name

Contact Name

Voice Number

Fax Number


## Internet Service Provider

Contact Name

Voice Number

Email Address


Unit Name (12 char max)

ISDN number of POP

ISDN Circuit Type

IP Address Allocation

(If Required)

64K Unrestricted / 56K Restricted

1. Dynamic Yes / No (Auto-assigned)
2. Unnumbered Link (Single IP address for the gateway unit)  
IP address of OfficeConnect gateway  
IP subnet mask
3. Numbered Link  
IP address at my end of link  
IP address at ISP's end of link  
IP subnet mask:

Domain Name Server

Auto-assigned Yes / No

DNS Server

Alternative DNS Server

PAP or CHAP  
Authentication

PAP / CHAP / None

Required by ISP

Logon ID:

Password:

Required by OfficeConnect gateway

Logon ID:

Password: