

ISDN TEMPLATE NOTE: ITEMS IN BOLD ARE REQUIRED ENTRIES. PLEASE CONSULT WITH YOUR STC FOR ASSISTANCE.

VOICE TERMINAL MANUFACTURER		MODEL NUMBER		NUMBER OF BUTTONS	
1			3		5
2			8		10
3			13		15
4			18		20
5			23		25
6			28		30
7			33		35
8					
9					
10					
11					
12					
13					
14					
15					
16					
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19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

LEGEND

BUTTON NUMBER I=ISDN N=Non ISDN

PHONE NUMBER I=ISDN N=Non ISDN

TYPE OF RING ON PHONE NUMBER
 I=IMMEDIATE RING
 A=ABBREVIATED RING
 D=DELAYED RING
 N=NO RING

SPECIFY ABBREVIATED RING OR DELAYED RING INTERVAL IN SECONDS.

OWNER		REQUESTED DUE DATE	
IPON		BELL ORDER NUMBER	
PRIMARY PHONE NUMBER		SECOND PHONE NUMBER (IF MULTIPOINT)	
BUILDING	ROOM	CALLER ID <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CUSTOM <input type="checkbox"/> NATIONAL
TERMINAL TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<input type="checkbox"/> POINT TO POINT <input type="checkbox"/> MULTIPOINT	
PLEASE COMPLETE TWO FORMS IF MULTIPOINT			
AUTO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO	DROP/TRANSFER/CONF <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCUIT SWITCHED VOICE <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCUIT SWITCHED DATA <input type="checkbox"/> YES <input type="checkbox"/> NO
CF BUSY <input type="checkbox"/> YES <input type="checkbox"/> NO	CF DON'T ANSWER <input type="checkbox"/> YES <input type="checkbox"/> NO	# FORWARD TO	CFDA # OF RINGS <input type="checkbox"/> YES <input type="checkbox"/> NO
CALL PICKUP <input type="checkbox"/> YES <input type="checkbox"/> NO	CALL PICKUP GROUP #	MESSAGE WAITING <input type="checkbox"/> VISUAL <input type="checkbox"/> STUTTER	VISUAL BUTTON NUMBER
REMARKS			