

INTERNET SECURITY SYSTEMS INC.
P.O. BOX 438
112 SPRUCE ST.
CEDARHURST, NY 11516



Access Control Quick Quote Form

In order to spec the right equipment for the job, fill out this handy quick quote sheet and fax it to your System Specialist for a quick quote. Let our specialists lay out the system for you just by filling in these basic questions.

1) Number of Doors Being Controlled? *(Allow for anticipated future growth)*

(a) Interior _____ Exterior _____

2) What Reader Technology is Desired? *(Keypad, Mag Stripe, Wiegand, Proximity, Combination Biometric)*

3) Number of Users Requiring Unique CODE or Card?

4) Are Specific Time Schedules Required?

5) A Door Alarm Monitoring Required?

(a) Are Other Alarm Inputs Necessary?

6) Is An Audit trail of User Activity Required? *(Real Time Printer, Computer)*

7) Is a Computer Wanted for Programming, Monitoring, Reporting, and Control?

(a) Is Remote Monitoring Capability Required?

Additional things that need to be determined to complete the design of an access control system.

8) What Type of Locks Are Required for Each Door? *(Electric Strikes, Magnetic Locks)*

9) What Are the Wiring Distances between the Controller, Lock Power, and the Doors?

10) Where Can the Wiring be Run? (Ceiling, Conduit, Plenum Ceiling, Exposed)

11) Will Request-To-Exit Devices be Required? If So, What Type? (Motion Sensor, Pushbutton, Touch sensitive Bar)

12) How Long Does the System, Including locks, Need to Operate in the Event of a Power Failure? _____

13) If Door Status Monitoring is Required, What Type of Contact Switches Are Appropriate?

14) What Other Devices Are To Be Monitored? (Holdup, Glass Break, Intrusion Sensor, Equipment)

15) What Other Devices Are To Be Controlled? (Lights, Machinery, Elevators, HVAC)

16) Are you installing a visitor management system?

17) Is there a preferred vendor for any of the above products?

Miscellaneous items to consider are: is there an emergency generator power circuit available; custom artwork on cards

or photo ID; readers mounted indoors or outdoor; ADA, fire and building code requirements.

COMMENTS/SYSTEM DESCRIPTION:

DEALER NAME: _____ **CONTACT NAME:** _____

DATE: _____

ACCT. #: _____

PHONE: _____ **FAX:** _____ **SALES**

REP: _____

Please Fax this completed form, signed and dated, to

Internet Security Systems Inc. at

212-202-3763

ATTN: Sales Department