

SERVICES ESTIMATION FORM
IT Relocation / Data Center



Please complete this form so we may provide an accurate estimate of services.

| | |
|---------------|--|
| Date: | |
| Completed by: | |
| Phone: | |
| Email: | |

| ORIGIN CONTACT INFORMATION | | | |
|----------------------------|--|-------------------|--|
| Company: | | | |
| Address: | | City, State, ZIP: | |
| Primary Contact: | | | |
| Name: | | | |
| Phone | | Email: | |
| On-Site Contact 1: | | | |
| Name: | | | |
| Phone: | | Email: | |
| On-Site Contact 2: | | | |
| Name: | | | |
| Phone: | | Email: | |

| ORIGIN SITE INFORMATION | |
|---|--|
| 1. What are the normal operation hours for this site? | |
| 2. Is site located in a congested area? (Y/N) | |
| 3. Is there a loading dock? (Y/N) | |
| If yes, 58' trailer accessible? (Y/N) | |
| 4. Lift gate truck required to access shipping/receiving dock? (Y/N) | |
| 5. What floor is equipment located? | |
| 6. What mode of transport will accommodate the move of IT equipment to loading dock. | |
| 7. Appointment required for dock/elevator use? (Y/N) | |
| 8. Restriction on truck distance from building? (Y/N) | |
| If yes, distance? | |
| 9. Will customer provide forklift and driver if required? (Y/N) | |
| 10. Security requirement for personnel coming into facility? (Y/N) | |
| If yes, what level of clearance is required? | |
| How much lead-time required for approval? | |
| 11. Is there a central receiving area for staging prior to de-installation and packaging? (Y/N) | |
| If yes, address, contact and phone: | |
| 12. Please specify any restrictions such as dock overhangs, building security restrictions or clearance implications: | |

| DESTINATION CONTACT INFORMATION | | | |
|---------------------------------|--|-------------------|--|
| Company: | | | |
| Address: | | City, State, ZIP: | |
| Primary Contact: | | | |
| Name: | | | |
| Phone | | Email: | |
| On-Site Contact 1: | | | |
| Name: | | | |
| Phone: | | Email: | |
| On-Site Contact 2: | | | |
| Name: | | | |
| Phone: | | Email: | |

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| RELOCATION TIMELINE | |
|---|--|
| If move is in phases over several dates, please add additional page(s), with timeline and equipment list per phase. | |
| <i>NOTE: Standard ground transit time is [Enter # - #] weekdays.</i> | |
| If you need a shorter transport time, do you want us to quote express or air freight? (Y/N) | |
| Is this project to be done during normal or after hours? (Y/N) | |
| We will do our best to accommodate your dates, taking into consideration for transportation and lead time given. | |

| KEY RELOCATION DATES | DATE mm/dd/yyyy | TIME AM / PM |
|---|--------------------|-----------------|
| De-Installation and Packing: | | |
| Scheduled Pick-up at Origin: | | |
| Scheduled Delivery at Destination: | | |
| Re-installation and Acceptance Testing: | | |
| All systems Need to be Functional: | | |

| EQUIPMENT INFORMATION FOR: | |
|---|--|
| 1. Are there any other special packaging requirements? (Y/N) | |
| If yes, please explain: | |
| <i>NOTE: We recommend that certain equipment types should be transported in climate-controlled vehicles.</i> | |
| 2. Would you like us to quote equipment with climate requirements through partners who specializes in this service? (Y/N) | |
| 3. Services Contract No.: | |
| 4. Is stated equipment covered under the contract? (Y/N) | |
| 5. Is stated equipment within the warranty period? (Y/N) | |
| 6. Is any non-[Customer] equipment to be packaged and / or transported? (Y/N) | |
| If yes, please indicate which equipment is non-[Customer] in the Equipment Detail Information Section or through a separate spreadsheet of the equipment. | |
| 7. Would you like us to provide the technical de-install and re-install labor for your non-[Customer] systems at additional cost? | |

[Customer] EQUIPMENT DETAIL INFORMATION:

NOTE: It is recommended relocating system(s) in their racks, as long as the rack is moving.
 All systems will remain racked, unless indicated below.
 If applicable, please also list any related storage or monitors associated their racks.

Provide the following details for Equipment Relocation:

| Vendor/OEM | Model Server/Library | Serial # (MUST HAVE) | Qty | Clustered Y / N | Unrack at Origin Y / N | Rerack at Destination Y / N | Height | Weight |
|------------|-------------------------|-------------------------|-----|--------------------|------------------------------|-----------------------------------|--------|--------|
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*If your move exceeds the room provided, please attach a spreadsheet of the full equipment list.

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| 1. Are there any specialized instructions at re-installation? (Y/N) | |
| If yes, please explain: | |
| 2. Are there any miscellaneous supplied needed for packaging? (Y/N) | |
| Extra Bubble Wrap | |
| Extra Shrink Wrap | |
| Boxes | |
| Skids or Straps | |
| Other: | |