



## Facility Survey Form

**Let us see if we can save your facility 20-50%.**

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Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, St. \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Is the Facility currently wired for Cable?  Yes  No

Total Number of Cable Outlets at your facility (Including any common areas) \_\_\_\_\_

Name of Current or Local Cable Provider: (If Known) \_\_\_\_\_

Is the Facility currently under a Cable Contract?  Yes (If so, when does it expire?) 20 \_\_\_\_\_  No

What is your current Monthly Cable Bill \$ \_\_\_\_\_

Cable Package Provided?  Limited Basic  Standard Basic  Basic Expanded

Approximate number of current TV Channels? \_\_\_\_\_

Multiple Buildings?  Yes (How Many?) \_\_\_\_\_  No

Building Type?  Single Level  
 Multi-Level (How many floors?) \_\_\_\_\_

**Please complete this survey form and fax to American TechCorp**

**ATTN: COMMERCIAL SALES**

**[www.americantechcorp.com](http://www.americantechcorp.com)**

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