

FAX BACK FORM

MetaSound does not consider installation complete until this form is completed in its entirety for each WebCaster and faxed back to MetaSound Systems, Inc. This information is required for product support, and is the responsibility of the installer.

Client _____ Unit's Serial Number _____
Address _____ Unit's Telephone Number _____
City _____ State ____ Zip _____ Installation Date _____
Contact at Client _____ If multiple units are being installed at this site, please indicate
Client Daytime Phone _____ the function of the MOH port. For example: Sales or Customer
Service _____

Post Installation Checklist

1. Do you have another analog device sharing the telephone line with the WebCaster?
 Yes, type _____ If yes, then ensure the RJ-11 jack is clearly marked for MetaSound.
 No
2. Does this telephone line require a dialing prefix to call outside, such as a 9?
 Yes, prefix is _____
 No
3. Did the WebCaster call MetaSound and complete the download? The green modem light is lit solid.
 Yes
 No, please contact MetaSound Technical Support at (888) 324-5033.
4. Did you test the music-on-hold volume? This process includes calling in from an *outside* telephone and being put on hold. We do not recommend cellphones for this test.
 Yes
 No

Client's Name _____ Installer's Name _____

Client's Signature _____ Installer's Signature _____

**Complete and fax this sheet back to MetaSound at
(408) 363-6015**