

## FREE NETWORK ASSESSMENT FAX / MAIL BACK FORM

**Name & Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Current IT Provider:** \_\_\_\_\_

**Number of PCs:** \_\_\_\_\_

**Immediate Concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank You!**

**Please fax this form back to:**  
**(518) 292-6510**

**Mail this form back to:**  
Attn: TAG Solutions  
12 Elmwood Rd  
Albany, NY 12205