

FREE ShoreTel DEMO FAX / MAIL BACK FORM

Name & Title: _____

Company: _____

Phone: _____

E-mail address: _____

Current Phone Provider: _____

Number of Telephones in Use: _____

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