

ATM Access Control Dealer/Integrator Questionnaire:

Company _____ Contact _____

Address _____ City _____ State ____ Zip _____

Telephone # _____ Fax # _____ E- Mail _____

1. What States, Cities and Counties do you cover?

2. How long have you been in business? _____

3. Please check what services you can provide (check all that applies):

_____ Installation _____ 24 Hour Service _____ 2 Hr Response Service
_____ 4 Hr Response Service _____ Next Day Response Service

4. How many technicians do you have in the field? Employees _____ Subcontractors _____

5. How long have you been providing installation and service of Access Control Systems? _____

6. List names of Access Control Systems you install/service (pls. include ATM Access Control as well):

7. Can you install / service Synergistic ATM Access Control Systems? _____

8. Do you perform installation and maintenance on door lock and door exit hardware? _____

9. How many Banks do you perform Access Control service for? _____

10. How many non-financial companies you perform Access Control service for? _____

11. Can you provide 24/7 installation/on-site and remote service coverage in your service area? _____

12. Indicate rates and (in hours) on-site response times you can maintain during the following time/day intervals:

Rate: Time:

_____ Standard Weekday On-Site response time (9:00 am - 5:00 pm)

_____ Non-Standard Weekday On-Site response time (5:00 pm- 12:00 am)

_____ Twilight Weekday On-Site response time (12:00 am - 9:00 am)

_____ Weekend On-Site response time (9:00 am - 12:00 am)

_____ Twilight Weekend On-Site response time (12:00 am - 9:00 am)

_____ Holiday On-Site response time (12:00 am - 12:00 am)

13. Are your technicians in uniform? _____
14. Will you be able to provide cable? _____ If yes, please indicate price for the following cables:
18/2 Plenum (per ft) \$ _____ 22/12 Plenum (per ft) \$ _____ CAT5E (per ft) \$ _____ 22/4 Plenum (per ft) \$ _____
15. Do all of your technicians utilize co. vehicles? _____ If yes, are they marked? _____
16. List Local and State certifications your company maintains: (Low Voltage, etc.)

17. List Referrals – Three (3) each of Banks and Non-Banks
- | | |
|--------|------------|
| Banks: | Non-Banks: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
18. Please indicate your desired hourly installation rate per technician as subcontractor for Parabit: \$_____ / tech
Note: Terms required by Parabit is Net 60: Initial if Acceptable: _____ or state terms desired: _____
19. Please indicate sales tax requirements for your state: _____
20. Are permits required for your installations? _____
21. Forward a copy of your Insurance Coverage with the Questionnaire to Sales@parabit.com or
Fax: 516-378-4843.¹
22. Please also provide prove if you are member of any organization Ex. Certified owned/ Base Minority/ Women owned or Veteran owned company.