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 Support@MicroConvergent.com

Company Name:	
Address 1:	
Address 2:	
City, State, Zip:	
Contact Name:	
Phone:	
E-mail:	

Item	Internal Name of Device	Device Class*	Internal IP Address	Name of Operating System	Name of Virus Protection	Warranty Expires (Optional)	Lease Expires (Optional)	Desired Replacement Date (Optional)	Notification if Device is On or Off **	If Server - SQL Used?
1										
2										
3										
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Note\*: Switch, Router, Scanner, Generic Server, Generic Workstation, Windows Server, Windows Workstation, Other  
 Note: \*\* Do you want to be notified if a computer is on when it should be off, or off when it should be on? Explain below.

Item	Name of Device	Time On	Time Off
1			
2			
3			
4			
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10			
11			
12			
13			
14			
15			

Item	Name of Device	Time On	Time Off
16			
17			
18			
19			
20			
21			
22			
23			
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25			
26			
27			
28			
29			
30			