ScheduleACE Site Survey Form

To be completed by a representative of Ryte Byte before installation.

FAX the completed form to Ryte Byte, Inc. at (608)356-0312

Filled out by:_____

Date:_____

# of ScheduleACE users:	Type of business:

Organization Name

Address

City, State Zip

Primary Phone

FAX

Main Contact

Web Address

Email address

2nd Contact

☐ Multi-user install. Customer will require database server.

☐ Customer would like to use ScheduleACE over the internet

OS Versions of ScheduleACE installs:

OS Version of server:

Internet connection type: 56K, DSL, T1

Setup Details:

☐ Requires password protect setup data. e.g. result codes, etc.

☐ Requires client data to be imported

Default schedule **start** time

Default schedule **end** time

Default number of days to show

Resources:

Appointment Types:

Code	*Description*	*Color*	*Duration*

Status Codes:

Code	*Description and color*

Result Codes:

Code	*Description and color*