

NEW WORKSTATION REQUEST FORM

Please complete the following New Workstation Request Form and return to sales@dpsolutions.com or fax to 410-992-3559 Attn: Sales.

Contact information of person placing the request:

Company Name:	
Name:	
Email Address:	Phone Number:
DPS Account Rep:	

Employee Information:

Employee Name:	
Title:	Date Needed:
Phone Number:	Email Address:
Username:	Startup Password:

Device Information:

Is this for a new or existing employee?

☐ New Employee ☐ Existing Employee

Are you purchasing new hardware or using existing?

☐ New Hardware ☐ Existing Hardware

1. What type of device?

☐ Desktop ☐ Laptop ☐ Tablet ☐ Thin Client (dummy terminal)

2. Which Windows Operating System is preferred?

☐ Windows 7 Professional ☐ Windows 8.1 Professional ☐ Windows 10 Professional

3. Select user access level for PC

☐ Administrator ☐ Standard User ☐ Guest ☐ Other:

4. Will employee use PC primarily in or out of office?

☐ In-office ☐ Outside office

5. Select Software & applications employee will require

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Outlook	<input type="checkbox"/> Adobe Reader	<input type="checkbox"/> Chrome	<input type="checkbox"/> Explorer
<input type="checkbox"/> Adobe Acrobat <input type="checkbox"/> Standard <input type="checkbox"/> Pro	<input type="checkbox"/> Office 365	<input type="checkbox"/> OneDrive for Business	<input type="checkbox"/> Remote Access <input type="checkbox"/> RDP <input type="checkbox"/> Citrix <input type="checkbox"/> LogMeIn <input type="checkbox"/> VPN	<input type="checkbox"/> Firefox

6. Additional software required.

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7. Peripheral items required:

<input type="checkbox"/> Monitor(s) (qty____) <input type="checkbox"/> 19" <input type="checkbox"/> 20" <input type="checkbox"/> 23" <input type="checkbox"/> 27" <input type="checkbox"/> Other _____	<input type="checkbox"/> Keyboard <input type="checkbox"/> Standard <input type="checkbox"/> Wireless <input type="checkbox"/> Wireless-ergonomic	<input type="checkbox"/> Mouse <input type="checkbox"/> Standard <input type="checkbox"/> Wireless <input type="checkbox"/> Wireless-ergonomic	<input type="checkbox"/> Speakers <input type="checkbox"/> Docking Station	<input type="checkbox"/> Printer <input type="checkbox"/> HP <input type="checkbox"/> B&W <input type="checkbox"/> Dell <input type="checkbox"/> Color <input type="checkbox"/> Brother <input type="checkbox"/> Other _____
<input type="checkbox"/> Other peripheral items:				

8. Please list any license keys, usernames or passwords that will be required for software/application installations:

Software Name:	Login Info:

Please provide any additional instructions or important information:

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Thank you for providing this information to help ensure a smooth new PC installation process for your organization! If you have any questions, please contact your DP Solutions representative directly, send an email to sales@dpsolutions.com or call 410-720-3300.

