

Business IP Telephony Service Order Form



SERVICE TYPE

New Upgrade Termination

RECEIPT NO. _____

DATE: ____/____/____

CUSTOMER DETAILS

Name of Company	<input type="text"/>	Business Type	<input type="text"/>
Name of Authorized Contact Personnel	<input type="text"/>	Commercial Registration No. (CR)	<input type="text"/>
Job Title	<input type="text"/>	E-Mail Address	<input type="text"/>
Contact Number	<input type="text"/>	Fax	<input type="text"/>
Business Address (Where Service is requested)	<input type="text"/>	Billing Address (Please fill in if different from business address)	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

SERVICE TYPE

PABX Number :

Fixed Line :

Total Number of Lines :

BUSINESS IP TELEPHONY PACKAGES

Packages	<input type="radio"/> Single Line	<input type="radio"/> Small Business	<input type="radio"/> Medium Business	<input type="radio"/> Large Business	<input type="radio"/> Enterprise Business
Price	5 BD , 35 BD	15 BD	28 BD	55 BD	78 BD
No. of Trunks	-	5	10	20	30
On-Net Min	500 , UL	2,800	5,500	12,500	18,000
Fax Line	1	1	1	2	2
DID	-	5	10	20	30
ATA Device	1	1	1	1	1

CONNECTIVITY OPTIONS

Local Leased Circuit Wireless (RF) Others :

PAYMENT OPTIONS

Initial Deposit: in BHD

Amount in Words: _____

Payment Method

Credit Card Credit Card Number:

Type: Visa Master

Card Expiry Date ____/____/____ Security Code:

Cash Cheque Cheque Number:

Customer Signature: _____ Date ____/____/____

FOR OFFICE USE

Customer Account No. Customer Receipt No.

Sales Person Name: