

# IPLC Service Order Form



RECEIPT NO. \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Etisalcom will start to process the order after the IPLC Service Order form has been signed and filled correctly. Please write in CAPITAL LETTERS and tick "X" where applicable.

## TO BE FILLED BY ETISALCOM SALES

Application Date: _____	Application Received: _____	Reference No: _____
Account Manager: _____		Account No: _____
Unit / Sector / Division: _____	Cost Center: _____	CCPM Agreement No: _____
Telephone: _____	Email: _____	
IP Port ID: _____	Attachments: <input type="checkbox"/> Network Diagram <input type="checkbox"/> Other: _____	
Bearer Designation: _____	Circuit ID: _____	Media Type: _____

## TYPE OF APPLICATION

Type of Order	:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Downgrade	<input type="checkbox"/> Extension
	:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Termination		
Service Level Guarantee (SLG):		<input type="checkbox"/> Standard SLG	<input type="checkbox"/> Customize SLG	<input type="checkbox"/> Without SLG	
Billing Frequency	:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly

## CUSTOMER DETAILS

Customer Name	:	_____	Type of Business:	_____
Business Registration No.	:	_____		
Street Address	:	_____		
City	:	_____	Postal Code:	_____
State	:	_____	Country:	_____
Contact Person	:	_____	Phone Number:	_____
Fax Number	:	_____	Email Address:	_____

## BILLING DETAILS

SAME AS CUSTOMER DETAILS

Customer Name	:	_____		
Street Address	:	_____		
City	:	_____	Postal Code:	_____
State	:	_____	Country:	_____
Contact Person	:	_____	Phone Number:	_____
Fax Number	:	_____	Email Address:	_____

## ADDRESS FOR NOTICE

SAME AS CUSTOMER DETAILS  SAME AS BILLING ADDRESS

Customer Name	:	_____		
Street Address	:	_____		
City	:	_____	Postal Code:	_____
State	:	_____	Country:	_____
Contact Person	:	_____	Phone Number:	_____
Fax Number	:	_____	Email Address:	_____

## CUSTOMER NETWORK OPERATION DETAILS

Customer Name	:	_____		
Street Address	:	_____		
City	:	_____	Postal Code:	_____
State	:	_____	Country:	_____
Contact Person	:	_____	Phone Number:	_____

# IPLC Service Order Form



NETWORK DIAGRAM

A large, empty rounded rectangle with a thin grey border, intended for drawing a network diagram.

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## CUSTOMER PREMISES EQUIPMENT

### Router or Network Equipment Information

Do you require Etisalcom to provide Customer Premise Equipment?  
(if yes, please fill CPE Program IP Product Order Form)

Yes  No

Do you require Etisalcom to manage the Customer Premise Equipment?  
(if yes, please fill Managed CPE IP Product Order Form)

Yes  No

### If Customer Provided his/her own Customer Premise Equipment

Brand and Model: \_\_\_\_\_ Memory Capacity: \_\_\_\_\_ Internal Routing Protocol: \_\_\_\_\_

Other Information:

## IP TRANSIT SERVICE

### IP Transit Service

Do you require Etisalcom to provide IP Transit Service?  
(if yes, please fill IP Transit IP Product Order Form)

Yes  No

Other Information:

## SERVICE CHARGES

Commitment Period :  12 months  Other (please specify): \_\_\_\_\_  
Currency : USD  Other (please specify): \_\_\_\_\_  
Non-Recurring Charge (installation) : \_\_\_\_\_  
Total Monthly Recurring Charges : \_\_\_\_\_  
Cancellation Charges : Please Refer to IP Service Agreement  
Security Deposit :  Yes  No  
Security Currency :  USD  Other (please specify): \_\_\_\_\_  
Required Amount : \_\_\_\_\_

## CUSTOMER DECLARATION AND SIGNATURE

We hereby acknowledge and accept that the terms and conditions of this Order and the Etisalcom IP Service Agreement embodies the entire agreement between Etisalcom and I/us relating to the Service and supersedes all prior agreements and arrangements between the Parties and there are no promises, terms, conditions or obligations, oral or written, expressed or implied other than those contained therein.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:	Company Official Seal:
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## ETISALCOM ACCEPTANCE AND SIGNATURE

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Signature:	Company Official Seal:
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