

International MPLS Service Order Form



RECEIPT NO. _____

DATE: ____/____/____

Etisalcom will start to process the order after the International MPLS 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:	_____

NETWORK DIAGRAM



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DETAILS OF SERVICE

For Flexi-CoS port configuration for port speed of E1 (2Mbps) or multiple of E1, CoS allocation must be configured based on port speed of 64kbps, 128kbps, 256kbps, 384kbps, 512kbps, 768kbps, 1Mbps, 1.5Mbps, 2Mbps, 4Mbps, 6Mbps, 8Mbps. Flexi-CoS port configuration for port speed of E3 (34Mbps), DS3/T3 (45Mbps), STM1 (155Mbps), CoS allocation must be configured based on multiple of 1Mbps basis. MRC is Monthly Recurring Charges and NRC is Non Recurring Charges.

Site 1: Installation Technical Contact

Contact Person : _____ Phone Number: _____
 Fax Number : _____ Email Address: _____
 Installation Address _____
 Street Address : _____
 City : _____ Postal Code : _____
 State : _____ Country: _____
 Customer Requested Ready for Service Date : _____ Average Lead Time is 30 days from receipt of order
 Flexi-CoS Port Configuration

	Cos Allocation	Unit	Monthly Charges (USD)	0%
Class 1: Multimedia	_____	kbps	_____	
Class 2: Mission Critical	_____	kbps	_____	
Class 3: Standard Data	_____	kbps	_____	
Class 4: Economy Data	_____	kbps	_____	
IP VPN Port Speed	<u>0</u>	kbps	<u>0.00</u>	
			Port MRC	
			Port Installation NRC	
			Local Circuit MRC	
			Local Circuit Installation NRC	
Subtotal Monthly Charges for this site			<u>0.00</u>	
Subtotal Installation Charges for this site			<u>0.00</u>	

- Class 1: Multimedia
- Class 2: Mission Critical
- Class 3: Standard Data
- Class 4: Economy Data

IP Address: _____ Interface Type: G.703 V.35 SC FC Other _____
 Bearer Options: Terrestrial Submarine Cable Satellite
 Bearer Type: _____ (Clear Channel / Channelized / Frame Relay / ATM / Other _____)
 CSU/DSU/NTU/TA to be provided by: Customer Etisalcom

Site 2: Installation Technical Contact

Contact Person : _____ Phone Number: _____
 Fax Number : _____ Email Address: _____
 Installation Address _____
 Street Address : _____
 City : _____ Postal Code : _____
 State : _____ Country: _____
 Customer Requested Ready for Service Date : _____ * Average Lead Time is 30 days from receipt of order
 Flexi-CoS Port Configuration

	Cos Allocation	Unit	Monthly Charges (USD)	0%
Class 1: Multimedia	_____	kbps	_____	
Class 2: Mission Critical	_____	kbps	_____	
Class 3: Standard Data	_____	kbps	_____	
Class 4: Economy Data	_____	kbps	_____	
IP VPN Port Speed	<u>0</u>	kbps	<u>0.00</u>	
			Port MRC	
			Port Installation NRC	
			Local Circuit MRC	
			Local Circuit Installation NRC	
Subtotal Monthly Charges for this site			<u>0.00</u>	
Subtotal Installation Charges for this site			<u>0.00</u>	

- Class 1: Multimedia
- Class 2: Mission Critical
- Class 3: Standard Data
- Class 4: Economy Data

IP Address: _____ Interface Type: G.703 V.35 SC FC Other _____
 Bearer Options: Terrestrial Submarine Cable Satellite
 Bearer Type: _____ (Clear Channel / Channelized / Frame Relay / ATM / Other _____)
 CSU/DSU/NTU/TA to be provided by: Customer Etisalcom

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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:

ETISALCOM ACCEPTANCE AND SIGNATURE

Name: _____
Title: _____
Date: _____
Email: _____
Phone: _____
Fax: _____

Signature:

Company Official Seal: