

Smartlinx3 Customer Application Form

Contract for Supply



Customer Details * *Must be completed*

Full name of Client Company requiring Smartlinx3 Service *	
Company Trading Name *	
Client Order Number *	
Service requirement date *	
Internet Service Provider (ISP) <i>if known</i>	
Name of company arranging service if other than actual Client Company	

Service required – See Rate Card for more details.

	Connection Features (tick or indicate quantity as appropriate)	Additional Information	Install \$	Mthly \$
MAN Direct Connection to Network Switch	Smart 1000	<input type="checkbox"/>		
	Smart 100	<input type="checkbox"/>		
	Smart 20	<input type="checkbox"/>		
	Smart 10	<input type="checkbox"/>		
	Smart 5	<input type="checkbox"/>		
MAN Wireless Connection to Network Switch	DM 100	<input type="checkbox"/>		
	Sole 40	<input type="checkbox"/>		
	Sole 20	<input type="checkbox"/>		
	Sole 10	<input type="checkbox"/>		
	Multi 10	<input type="checkbox"/>		
	Multi 4	<input type="checkbox"/>		
	Multi 2	<input type="checkbox"/>		
SmartTunnel	Sites to be connected:	<input type="checkbox"/>		
CafeNET Access Point	Yes	<input type="checkbox"/>	No. required?	
	No			

Contract Term 12 months 24 months 36 months

Please note: Installation can not be completed until a Customer Technical Details Form is submitted

Please turn over

Smartlinx3 Network Connection

I (*the reader and duly authorised person*) hereby apply for the supply of a network connection and services in accordance with Smartlinx3's Terms and Conditions and the currently issued rate card and product descriptions. I declare that I know of no debt owing to Smartlinx3 Ltd in respect of previous failure to pay and I agree to pay for all services and connections as set out in the current Smartlinx3 rate card. I agree to give at least three months' notice of intention to vacate, disconnect or reconnect the premises.

I understand that any personal information given to Smartlinx3 is for a lawful purpose and will be used solely for the purposes of managing and supplying network connections and services and the business of Smartlinx3, and I have a right of access to, and correction of, that information.

Transmission of a completed Customer Application Form constitutes an order for supply of services and will be acted upon by Smartlinx3. Fax to 04 920 1740 or post to PO Box 40240, Upper Hutt 5140.

I hereby order the services I have indicated above and agree to abide by Smartlinx3's Standard Terms and Conditions:

Signature

Date

Name

Position

Smartlinx3 Office Use	Job #	Date Received: