

CityLink Customer Application Form

Contract for Supply of FibreLINK



Customer Details

* Must be completed

Full name of Client Company requiring CityLink Service *	
Company Trading Name*	
Customer Order Number *	
Service requirement date *	
Name of company arranging service if other than actual Client Company	
CityLink Quotation Reference*:	
What is the main business activity of the company?	

Contact Person for this order

Name	
Phone Number	
Email Address	

Service Required

✓

Installation Purchase Price

Monthly Fee

<ul style="list-style-type: none"> FibreLINK Dedicated Fibre Circuit Internal Building Cabling: Fibre Media Converters 			
Preferred Contract Period for Service *	24 months <input type="checkbox"/>	36 months <input type="checkbox"/>	

Connection Addresses for Installation

1st Building name	
Street no. / Street name	
Floor no.	
Termination Location (<i>Cabinet Identification</i>)	
2nd Building name	
Street no. / Street name	
Floor no.	
Termination Location (<i>Cabinet Identification</i>)	
Additional Information:	

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Technical Contact Details: Building 1

Technical contact name	
Position	
Technical contact phone(s)	
Technical contact email	

On-Site Contact Details: Building 1

On-Site contact name	
Site contact phone(s)	
Site contact email	

Building Detail if known:

Building Manager name(s)		tel
Building Manager Location		

Technical Contact Details: Building 2

Technical contact name	
Position	
Technical contact phone(s)	
Technical contact email	

On-Site Contact Details: Building 2

Site contact name	
Site contact phone(s)	
Site contact email	

Building Detail if known:

Building Manager name(s)		tel
Building Manager Location		

Invoicing Contact Details

Company Name	
Contact Person & Position*	
Invoice Postal Address*	
Billing contact phone* & fax	
Billing contact email	

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I (*the reader and duly authorised person*) hereby apply for the supply of a network connection and services in accordance with the CityLink Terms and Conditions Dated 13 March 2006 and the currently issued Schedule of Services and Charges. I declare that I know of no debt owing to CityLink in respect of previous failure to pay and I agree to pay for all services and connections as set out in the current CityLink Schedule of Services and Charges. I agree to give at least one month notice of intention to vacate, disconnect or reconnect the premises or services.

I understand that any personal information given by me 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 CityLink, 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 CityLink. Fax to 04 385-9004 or post to PO Box 9328, Wellington

signature

date

name

position

CityLink Office Use		<i>Circuit / Job #</i>	
<i>Received in CityLink</i>		<i>Account Manager</i>	
<i>Tested & Commissioned</i>		<i>Signed</i>	