



# ENTERPRISE BASIC IP TRANSIT APPLICATION FORM

## CUSTOMER DETAILS

Customer Name:			
Contact Name:			
Termination Address:			Billing Address (if different):
Telephone Numbers:	Work:	Mobile:	Home:
Fax No:	E-Mail:		

## REQUIREMENTS

= Please tick one in the group.  = Optional - please tick if required.

Bandwidth Required: (Setup: £2,000)	<input type="radio"/> 256K (£600 per month)	<input type="radio"/> 2Mb (£2,850 per month)
	<input type="radio"/> 512K (£1,000 per month)	<input type="radio"/> 4Mb (£4,850 per month)
	<input type="radio"/> 1Mb (£1,700 per month)	<input type="radio"/> 8Mb (£8,850 per month)
Commencement Date:.....	<input type="checkbox"/> Additional 8 IP Addresses (+£100 per month)	
<input type="radio"/> I am a new Customer. <input type="radio"/> I am an existing Customer* and this is a separate, additional service to my existing service(s). <input type="radio"/> I am an existing Customer* and this is an upgrade from my: <input type="radio"/> Leased Line <input type="radio"/> ADSL** <input type="radio"/> Dial-Up** *Customer Reference:..... **Existing Username:..... <input type="checkbox"/> I am connecting a network and require hardware and/or assistance. Please contact me.		
<input type="checkbox"/> I require Corporate Mail - Type: <input type="radio"/> Single POP <sup>†</sup> <i>Single e-mail account</i>		
<input type="radio"/> Multiple POP <sup>†</sup> <i>Multiple hosted POP accounts</i>		
<input type="radio"/> Mail Relay <i>e.g. Exchange</i>		
<sup>†</sup> Username: 1 <sup>st</sup> Choice:..... 2 <sup>nd</sup> Choice:..... This will be your POP Account and form part of your E-Mail address. 2 <sup>nd</sup> Choice will be used if 1 <sup>st</sup> Choice is already in use. Maximum 20 characters.		
Password:..... Password is case sensitive.		
<input type="checkbox"/> I require a Website Domain Name:..... Existing Domain Name if available. If you do not have a Domain Name then a 'Single POP' <b>must</b> be used.		
Comments:		

## ACCEPTANCE

I hereby confirm that I am over 18 years old and duly authorised to sign this Application Form on behalf of the Customer. We agree to be bound by the Customer Master Agreement and the Specific Service Agreements governing this Service as published on Sapphire's website, all of which I have read and understood. The details above are correct and represent the Technical Contact details. I agree to notify Sapphire immediately if any of these details should change.

Signature:..... Date:.....

Version 1.3

Please fax this Application Form to fax number +350 20047272.  
Please contact Customer Support on +350 20047200 for assistance.

*In touch with you...*