



**CLOUD ONE SERVICE APPLICATION FORM
MANAGED 3CX PHONE SYSTEM STANDARD SUBSCRIPTION**

Section A - Company information

Company Name					
Street & Building Address					
P.O.Box		Postcode			
County		City		Country	
Company Email Address					
Company Phone Number					
Company PIN Number		Company Registration Number			

Section B - Client information

Authorised General Contact (CEO, MD, DIRECTOR ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Support Contact (CTO, ICT OFFICER ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	



Section C – Product & Order Details (kindly select)

Managed 3CX Phone System Standard Subscription	Managed by Cloud One	
Users / SC Capacity	<input type="checkbox"/> 12 Users / 4 SC <input type="checkbox"/> 24 Users / 8 SC <input type="checkbox"/> 48 Users / 16 SC <input type="checkbox"/> 72 Users / 24 SC <input type="checkbox"/> 96 Users / 32 SC	<input type="checkbox"/> 144 Users / 48 SC <input type="checkbox"/> 192 Users / 64 SC <input type="checkbox"/> 288 Users / 96 SC <input type="checkbox"/> 384 Users / 128 SC
Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	
Assigned Cloud One Phone Number	+254 20 790 ____ _	
Cloud One Document Reference	<input type="checkbox"/> Quotation Number SO <input type="checkbox"/> Proforma Invoice Number <input type="checkbox"/> Invoice Number	

We hereby confirm that above details are accurate & that we have read & agreed to the general terms & conditions of Cloud One Limited listed on its website at <https://cloudone.co/shop/terms>

We will notify Cloud One Limited in the event of any changes of the above contacts

Authorised Signatory:

Name:

Date:

Signature: Customer Company Stamp

Required KYC Documents to be attached with this application

- Copy of the Company PIN Number
- Copy of the Certificate of Registration of Incorporation or Business Registration
- Copy of CR12 Form with 3 months validity
- Copy of a valid national identity card, passport or alien card of Authorised Contact (CEO, MD, DIRECTOR ETC)

Cloud One Official Use Only

PARTNER NAME (if any):..... PARTNER Signature.....

For Immediate Processing - Email the duly completed form and all required documents to presales@cloudone.co while a Cloud One Authorised representative can collect the documents from your office

**Cloud One Limited | 1st Floor Saachi Plaza, Argwings Kodhek Road
 P.O.Box 76306-00508 Yaya Centre | Nairobi | Kenya
 Tel: +254 20 790 0000 | hello@cloudone.co | www.cloudone.co
 Company Registration: PVT-5JUEYMA | PIN: P051663474Z**