



Service Application Form – BUSINESS SIP TRUNK 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		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)

SIP Trunk Subscription Type	<input type="checkbox"/> Business SIP
Business SIP Trunk Channel Capacity	<input type="checkbox"/> 8SC <input type="checkbox"/> 16SC <input type="checkbox"/> 32SC <input type="checkbox"/> 64SC
Billing Cycle <i>2 Months refundable deposit required for postpaid option for monthly billing cycle</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual

<b>Customer Network Information for whitelisting on Cloud One Firewall (Mandatory)</b>	
Primary Static ISP Public IP or Dynamic DNS hostname	<input type="checkbox"/>
Secondary Static ISP Public IP (if applicable) or DDNS hostname	<input type="checkbox"/>



The customer is responsible for customer firewall & IP PBX configuration as per the guidelines available on the frequently asked questions section of the product page

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.

Customer Authorised Contact (CEO, MD):

Name:

Service Request Date:

Signature:

Customer Company Stamp

Required KYC Documents to be attached with this application

1.  Copy of the Company PIN Number
2.  Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
3.  Copy of CR12 Form with 3 months validity
4.  Copy of a valid national identity card, passport, or alien card of authorised contact (CEO, MD)

SALES AGENT NAME (if any): ..... Signature .....

For immediate processing - Email the duly completed form and all required documents to [presales@cloudone.co](mailto:presales@cloudone.co)

CLOUD ONE OFFICIAL USE ONLY

Document Ref:  Quotation / Sales Order / Proforma Invoice #

Invoice #

SERVICE ACTIVATION DATE:

PHONE NUMBER: +25420790

TOLL FREE NUMBER: 0800000 \_\_\_\_\_

SIP TRUNK ACCOUNT NAME:

TECHNICAL LEAD:

BILLING LEAD:

CEO:

Signature:

Cloud One Limited Company Stamp