



Serious Broadband

Agreement For the Supply of PrivateLAN Service



30, 100, 300, 1000 and 3000Mbps

Customer Details

***Must be completed**

Full name of Customer*	
Trading Name (if any)*	
Order Number (if any)*	
CityLink Quotation Reference (if any)*	
Description of your main business activity	

Contact Person for this Agreement

Name	
Phone Number	
Email Address	

Invoicing Contact Details

Name* and Position of Contact Person for invoicing	
Invoice Postal Address (PO Box #)*	
Billing contact phone*	
Billing contact fax	
Billing contact email	
Email address for invoice (if applicable)	
Direct Debit Option (Tick if required)	<input type="checkbox"/> Please complete a Direct Debit Authority

CITYLINK

Serious Broadband

CityLink Ltd, P O Box 9328, Wgtn. Office Ph: 04 917 0200 24hr Ph: 04 385 9003 Fax: 04 385 9004 e-mail: info@citylink.co.nz

Service Required

	Connection Features (Tick as appropriate)	Install \$	Monthly \$
PrivateLAN Connection (Mbps) (Includes 7x24 Network Support)	<input type="checkbox"/> 30 <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 1000 <input type="checkbox"/> 3000Mbps		
Q in Q Required	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Port Connection	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fibre To The Customer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
CityBridge: Wellington-Auckland	Speed: __ Mbps		

Setup Option: **Point-to-Point**
(2 access connections)

Point-to-Multipoint
(>2 access connections)

Point-to-Cloud
(additional access connection)

Contract Term: 12 months

24 months

36 months

End User Name (if different from Customer)	
Service Requirement Date (by Close Of Business) *	

Location of Installation - Site 1

Building name	
Floor No.	
Street Number & Name	
City	

On Site Contact - Site 1

Contact Name	
Contact Phone Number	
Contact Email	

Technical Contact Details - Site 1

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

Building Detail if known - Site 1

Building manager name(s)		Tel:
Building manager location		
PABX room on floor no.(s)?		

Location of Installation - Site 2

Building name	
Floor No.	
Street Name and No.	
City	

On Site Contact - Site 2 (if different from Site 1)

Contact Name	
Contact Phone Number	
Contact Email	

Technical Contact Details - Site 2 (if different from Site 1)

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

Building Detail if known - Site 2

Building manager name(s)		Tel
Building manager location		
PABX room on floor no.(s)?		

“You” (the CityLink Customer) hereby agree to purchase CityLink’s PrivateLAN Service subject to the CityLink Terms and Conditions as set out on the CityLink website (www.citylink.co.nz) from time to time.

Transmission of this completed form constitutes an order by you for the supply of services and is able to be acted upon by CityLink.

SIGNED BY CITYLINK CUSTOMER:

Your /authorised person's signature

Date

Print name of authorised person

Position

When completed send to CityLink as a PDF by email (to sales@citylink.co.nz) or by facsimile (04 385-9004) or by post (PO Box 9328, Wellington, 6141)

CITYLINK ACCEPTANCE:

CityLink Limited agrees to provide the PrivateLAN Service subject to the following variations (if any):

SIGNED BY CITYLINK:

Signature of Customer/authorised person

Date

Print name of authorised person

Position

CityLink Office Use Only		Circuit / Job #	
Received in CityLink		Account Manager	
Tested & Commissioned		Signed	