

Agreement

For Upgrade / Downgrade of CityLink Connect4, PublicLAN, PrivateLAN Service



Serious Broadband

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 (<i>PO Box #</i>)*	
Billing contact phone*	
Billing contact fax	
Billing contact email	
Email Address for invoice (<i>If applicable</i>)	
Direct Debit Option (<i>Tick if required</i>)	<input type="checkbox"/> Please complete a Direct Debit Authority

Upgrade / Downgrade Service Required

Present Service	
Circuit # / Service ID	
Service Description / Type	

Upgrade / Downgrade Required	
Service Description / Type	
Requirement Date	
Comments:	

End User Name (if different from Customer)	
Internet Service Provider / Service Provider (if applicable)	

Location of Customer Site	
Building name & floor no.	
Street address	
City	

On-Site Contact	
Contact Name	
Contact Phone Number (s)	

Service Fee	New Monthly Fee

Contract Term 24 months 36 months

Technical Contact Details

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

Building Detail if known...

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

"You" (the CityLink Customer) agree to amend the terms on which you are purchasing the CityLink service identified in this form and to continue to purchase that service (as amended including as to price) 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 for an amendment to the services currently being supplied to you and is able to be acted upon by CityLink.

SIGNED BY YOU:

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 amend the terms applicable to the CityLink service identified in this form 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	