



Serious Broadband

Agreement

For the supply of PublicLAN Service



30, 100, 300, 1000 or 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

Service Required

	Connection Features (Tick as appropriate)	Installation Fee \$	Monthly Fee \$
PublicLAN Connection Speed (Mbps)	<input type="checkbox"/> 30 <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 1000 <input type="checkbox"/> 3000		
Additional Port Connection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fibre To The Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Comments			
Contract Term	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months		

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

Location of Installation Site

Building name	
Floor No.	
Street No. & Name	
City	
On-Site Contact Name & Phone No.	

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 purchase CityLink’s PublicLAN 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 PublicLAN 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	