Network Services Order Form

Tel: 01273 874200 Fax: 01273 874201

Reference			
Customer			
Address	**Postcode**	**Billing Address**	**Postcode**
Tel		**Tel**	
Fax		**Fax**	
Contact		**Email**	

LINE INFORMATION

1. Total Number of Lines on this No.

2. Line Type

A = Analogue B = ISDN 2 + MSN

C = ISDN 2 = DDI D = ISDN 30

E = Featureline F = Fax

G = ADSL H = Redcare

Additional Services

A = Call Diversion B = Caller Display

C = Call minder D = Ring Back

E = Call Waiting F = Call Baring

3. Telephone Preference Service - Y/N

Telephone Number	Postcode	1	2	TPS	Calls	LR

Telephone System		**Agent**	
System Maintainer		**Tariffs (L=34)**	

Notes

Itemisation	
Summaries	
Email Billing	
Minimum Term (in months)	

Customer Authorisation

Print Name		**Position**	
Signature		**Date**	

I have read, understand and accept the terms and conditions available @ www.scsl.co.uk