NETWORK LINE ORDER FORM

FAO: _____

FAX BACK FREE TO: 0808 808 8009

Customer

Address:

Billing Address:

Tel **Fax**

Tel **Fax**

Contact

Email

LINE INFORMATION

1. Total Number of Lines on this no.

2. Type of Line

A=Analogue B=ISDN 2 + MSN
C=ISDN 2 + DDI D=ISDN 30
E=Featureline F=Fax
G=Highway H=Redcare

3. Additional BT Services

A=Call Diversion B=Caller Display
C=Call Minder D=Call Sign
E=Ring Back F= Meter Pulse
G=Call Waiting H=Bypass Number
J=Call Barring

Telephone Number	Postcode	1	2	3	CPS	LR

Telephone System

System Maintainer

Notes

Agent

Tariffs (L=34)

Paper Itemisation

Summary

Email Itemisation

Minimum Term (in months)

Customer Authorisation

Print Name **Position**

Signature **Date**

I have read, understand and accept the terms and conditions of this order printed overleaf.