NETWORK SERVICES ORDER FORM

Tel. 01273 874200 Fax 01273 988902

Reference

Customer

Address:

Billing Address

Postcode

Tel **Fax**

Tel **Fax**

Contact

Email

Line Information

1. Number of Lines

2. Line Type
A Analogue
B ISDN 2
C ISDN 30
D Featureline

Telephone Preference Service: Y/N

Safeguard: Y/N

Additional Services:
A Call Diversion
B Caller Display
C Call Minder
D Call Barring

Telephone Number	Postcode	1	2	Calls	LR	TPS	Safeguard

Telephone System

System Maintainer

Notes

Agent

Tariffs (L=34)

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 of this order printed overleaf and available on our website www.scsl.co.uk