



NETWORK SERVICES ORDER FORM

Tel. 01273 874200 Fax 01273 988902

Reference

Customer

Address:

Billing Address

Postcode

Tel

Fax

Tel

Fax

Contact

Email

Line Information

Telephone Number	Postcode	1	2	Calls	LR	TPS	Safeguard
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 System

Agent

System Maintainer

Tariffs (L=34)

Notes

Itemisation

Summaries

Email Billing

Minimum Term (in months)

Customer Authorisation

Print Name

Signature

Position

Date

I have read, understand and accept the terms and conditions of this order printed overleaf and available on our website www.scs1.co.uk