



SERVICE APPLICATION FORM

For Office Use Only

Customer Number:	Installation AN Number:	Cessation AN Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Customer Details

Name:	<input type="text"/>	Work Tel:	<input type="text"/>	Home Tel:	<input type="text"/>
Address:	<input type="text"/>	Term of Contract:	<input type="text"/>		
Organisation:	<input type="text"/>	Payment Plan:	<input type="text"/>		
Residential Area/Region:	<input type="text"/>	Billing Account:	<input type="text"/>		
Customer Category:	<input type="text"/>	Security Deposit Paid:	<input type="text"/>		
Overseas Address:	Ex-Directory Customer		<input type="checkbox"/>		
<input type="text"/>					

Service Request Details

Action:	<input type="text"/>	Service:	<input type="text"/>
DEL Remarks:	<input type="text"/>		

Service Pack Contents

Please tick to indicate you have read:

- | | |
|--|--------------------------|
| Terms and Conditions | <input type="checkbox"/> |
| Price List | <input type="checkbox"/> |
| Customer Service Charter | <input type="checkbox"/> |

Customer Agreement

I have read, and agree to, the service documentation as listed in 'Service Pack Contents'.

- | | |
|---------------------|----------------------|
| Customer Signature: | <input type="text"/> |
| Acceptance Date: | <input type="text"/> |
| Service Date: | <input type="text"/> |

Please complete and return this form to:

Retail, Marketing and Customer Services, Sure South Atlantic Ltd (Ascension) South Atlantic Ocean, ASCN 1ZZ

For Further Information please call Customer Services on 111 or email ASI-Customer.service@sure.com