



BROADBAND APPLICATION FORM

For Office Use Only

Installation AN Number: Cessation AN Number:

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:	<input type="text"/>		
Overseas Address:	<input type="text"/>				

Service Request Details

Action:	<input type="text"/>	Broadband Package:	<input type="text"/>
Modem Type:	<input type="text"/>	Inclusive Data Allowance:	<input type="text"/>

Email Account Details

Password must consist of 7 alphanumeric characters with at least one uppercase and one number

User ID:	<input type="text" value="SA6874"/>	Password:	<input type="text" value="wireL3ss"/>	Published Email Address	<input type="checkbox"/>
Email Address:	<input type="text"/>				
E-billing Address:	<input type="text"/>				

Service Pack Contents

Please tick to indicate you have read:

- Internet Terms and Conditions
- Internet Acceptable Use Policy
- Internet Service Schedule
- Internet Price List
- Customer Service Charter

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