



BROADBAND APPLICATION FORM

For Office Use Only

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

Acceptance Date:

Service Date:

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