Service Application Form – SIP TRUNK FOR INTERNATIONAL CUSTOMERS SUBSCRIPTION

Section A - Company information

Company Name				
Street & Building Address				
P.O.Box		Postcode		
County	City		Country	
Company Email Address (No free email domains ie gmail , hotmail yahoo etc)				
Company Phone Number				
Company Tax Number		Registration Number		

Section B - Client information

Authorised General Contact (CEO, MD, DIRECTOR ETC)

First Name:		Last Name:	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

First Name:		Last Name:	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number:	

Support Contact (CTO, ICT OFFICER ETC)

First Name:		Last Name	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number	

Section C – Product & Order Details (kindly select)

SIP Trunk Subscription Type	▢ SIP Trunk for International customers (inbound calling only)
SIP Trunk Channel Capacity	▢ 30SC
Billing Cycle	▢ Monthly ▢ Quarterly ▢ Annual
Optional Add Ons	▢ Cloud One SIP Trunk Setup fee

	▢ Premium Support Ticket for Firewall Configuration
	▢ Additional Cloud One Phone Number Subscription ▢ Qty _____
	▢ Cloud One Toll Free Number Subscription
	▢ Outbound calling to Kenyan operators using international rate

Customer Network Information for whitelisting on Cloud One Firewall (Mandatory) NB: Only Whitelisted host will be allowed to connect to Cloud One VoipSwitch	
Primary Static ISP Public IP or Dynamic DNS hostname	▢
Secondary Static ISP Public IP (if applicable) or DDNS hostname	▢

▢ We confirm that we are responsible for our IP PBX & firewall configuration as per the guidelines available on the frequently asked questions section of Cloud One Website

▢ We confirm that if we are unable to configure our & IP PBX & firewall then Cloud One SIP Trunk Setup fee and Premium Support ticket will be chargeable

▢ We hereby confirm that above details are accurate & that we have read & agreed to the general terms & conditions of Cloud One Limited listed on its website at https://www.cloudone.co/shop/terms

▢ We will notify Cloud One Limited in the event of any changes of the above.

Customer Authorised Contact (CEO, MD):

Name: Service Request Date:

Signature:

Customer Company Stamp

Required KYC Documents to be attached with this application

1. ▢ Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
2. ▢ Copy of a valid passport of authorised contact (CEO, MD)

SALES AGENT NAME (if any): ………………………………… Signature …………………………………………

For immediate processing - Email the duly completed form and all required documents to hello@cloudone.co

<u>CLOUD ONE OFFICIAL USE ONLY</u>

Document Ref: ☐ Quotation / Sales Order / Proforma Invoice #

SERVICE ACTIVATION DATE:

☐ PHONE NUMBER: +25420790   ☐ TOLL FREE NUMBER: 0800000

SIP TRUNK ACCOUNT NAME:

Technical Lead: Billing Lead:

Technical Lead Signature: Billing Lead Signature:

CEO: Signature:

Cloud One Limited Company Stamp