

30 FREE TRIAL SIP TELEPHONY SERVICE REQUEST

CLIENT DETAILS

Company Name:

Company Address:

Type of Company / Entity:

C-Reg No.:

VAT No.:

Authorised Signatory:

Contact Number/s:

Email:

Contact Email - Technical:

PBX to be used:

Internet Provider A:

Internet Provider B:

SIP Autentication:

IP Based

Credentials

PBX :

On Premesis

Hosted by a 3rd Party

We the above, request a 30-day trial of Vanilla SIP telephony services. This form does not constitute a formal order for the service and will terminate automatically within 30 days unless a new contract is in place. A test account will be created with €10 free credit to be used for calls to test the service. A temporary number will be issued to you for the duration of the test.

SIGNATURE

Signature of the Person Submitting this Form must be the authorized signatory of the company if applying on behalf of a company

NAME

Name of the Person Submitting this Form (print)

DESIGNATION

To be filled if applying on behalf of a company

ID NUMBER

ID Number of the Person Submitting this Form

DATE OF SIGNATURE