



Customer Proof of Concept Application Form – CLOUD ONE SIP TRUNKS

Cloud One Limited provides a standard proof of concept (POC) for Cloud One SIP Trunks free of charge to its potential customers to test out its services without any financial obligation

Section A - Company information

Company Name			
Street & Building Address			
P.O.Box		Postcode	
City		Country	
Email Address		Phone Number	

Section B – P.O.C Details (Kindly select)

Cloud One SIP Trunk standard P.O.C with free Ksh 300/- Talk Time & Demo Cloud One Phone Number	<input type="checkbox"/> Demo Pay as You Go SIP Trunk <input type="checkbox"/> Demo Business SIP <input type="checkbox"/> Demo SIP Trunk for International Customers
EXTENDED P.O.C Talk Time of Ksh 1000 +vat MPESA PAYPILL 499496 with POC Number as reference	<input type="checkbox"/>

Terms & conditions of free trial for testing Cloud One SIP Trunks

1. Trial expires in 3 Days or exhaustion of free Ksh 300 talk time (whichever comes first)
2. Only 1 trial per customer
3. Customer support contact will receive a SIP Trunk configuration email to configure the customer IP PBX
4. Extended P.O.C can only be done one time.

Upon completion of the trial

- a) Customers will delete all SIP Trunk configurations from their IP PBX.
- b) Customer can order a paid version and follow the ordering process to provision new SIP Trunk subscription
- c) Cloud One Demo +25420790XXXX Phone Number can not be assigned to customers after the trial. You will select a new unassigned Cloud One number for your paid SIP Trunk subscription.



Section C - Client Nominated Testing Participants

Authorised Contact (CEO, MD, DIRECTOR ETC) - Required only if authorised contact wants test reports

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC) - Required only if billing contact wants test reports

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Support Contact (CTO, ICT OFFICER ETC) - Mandatory

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Customer Network Information for whitelisting on Cloud One Firewall & 3CX Firewall (Mandatory)	
Primary Static ISP Public IP or Dynamic DNS hostname	<input type="checkbox"/>
Secondary Static ISP Public IP (if applicable) or DDNS hostname	<input type="checkbox"/>

- The customer is responsible for customer firewall & IP PBX configuration as per the guidelines available on the frequently asked questions section of the product page

- 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://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:

POC Request Date:

Signature:

Customer Company Stamp

SALES AGENT NAME:

Signature:

For immediate processing - Email the duly completed form to presales@cloudone.co

CLOUD ONE OFFICIAL USE ONLY

P.O.C NUMBER:

P.O.C ACTIVATION DATE:

P.O.C COMPLETION DATE:

DEMO PHONE NUMBER: +25420790

3CX PHONE SYSTEM FQDN:

TECHNICAL LEAD:

BILLING LEAD:

CEO:

Signature:

Cloud One Limited Company Stamp