



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					
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:		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

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

Support Contact (CTO, ICT OFFICER ETC)

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

Section C – Product & Order Details (kindly select)

SIP Trunk Subscription Type	<input type="checkbox"/> SIP Trunk for International customers
SIP Trunk Channel Capacity	<input type="checkbox"/> 30SC
Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Optional Add Ons	<input type="checkbox"/> Toll Free Number Subscription <input type="checkbox"/> Outbound calling to Kenyan operators using international rate

Customer Network Information for whitelisting on Cloud One 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:

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 national identity card, passport, or alien card of authorised contact (CEO, MD)

SALES AGENT NAME (if any): Signature

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

CLOUD ONE OFFICIAL USE ONLY

Document Ref: Quotation / Sales Order / Proforma Invoice #

Invoice #

SERVICE ACTIVATION DATE:

PHONE NUMBER: +25420790

TOLL FREE NUMBER: 0800000

SIP TRUNK ACCOUNT NAME:

TECHNICAL LEAD:

BILLING LEAD:

CEO:

Signature:

Cloud One Limited Company Stamp