



Service Application Form – PHONE NUMBER SUBSCRIPTION

Section A - Company information

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

Cloud One Number Type	<input type="checkbox"/> Phone Number (DID) +25420790XXXX <input type="checkbox"/> Toll Free Number 08000000XXXX
Billing cycle of existing SIP Trunk subscription	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Optional Add Ons	<input type="checkbox"/> Initial Toll Free Number Talk Time of Ksh 5000 + VAT <input type="checkbox"/> Initial Phone Number (DID) Talk Time of Ksh 1000 + VAT



The customer is responsible for customer 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 Company PIN Number
2. Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
3. Copy of CR12 Form with 3 months validity
4. 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