



Service Application Form – CLOUDPBX 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 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)

Yeastar CloudPBX Subscription	<input type="checkbox"/> Managed by Cloud One <input type="checkbox"/> Self-Managed
Users	<input type="checkbox"/> Initial Pack of 10 Users <input type="checkbox"/> Additional Users Qty:
Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual

Customer Network Information for whitelisting on Cloud One Firewall & CloudPBX 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 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

CLOUDPBX FQDN:

TECHNICAL LEAD:

BILLING LEAD:

CEO:

Signature:

Cloud One Limited Company Stamp