



Service Application Form – MANAGED 3CX PHONE SYSTEM STANDARD 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)

Managed 3CX Phone System Standard Subscription	<input type="checkbox"/> Hosted <input type="checkbox"/> On-premises		
Users / SC Capacity	<input type="checkbox"/> 12 Users / 4 SC <input type="checkbox"/> 24 Users / 8 SC <input type="checkbox"/> 48 Users / 16 SC	<input type="checkbox"/> 72 Users / 24 SC <input type="checkbox"/> 96 Users / 32 SC <input type="checkbox"/> 144 Users / 48 SC	<input type="checkbox"/> 192 Users / 64 SC <input type="checkbox"/> 288 Users / 96 SC <input type="checkbox"/> 384 Users / 128 SC
Billing Cycle <i>1 Month refundable deposit required for monthly & quarterly billing cycle</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual		



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:

Service Request Date:

Signature:

Customer Company Stamp

Required KYC Documents to be attached with this application

- Copy of the Company PIN Number
- Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
- Copy of CR12 Form with 3 months validity
- 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 _____

3CX PHONE SYSTEM FQDN:

TECHNICAL LEAD:

BILLING LEAD:

CEO:

Signature:

Cloud One Limited Company Stamp