

ADSL ORDER FORM

CUSTOMER DETAILS (PLEASE PRINT OR TYPE)							
FULL COMPANY NAME							
BILLING ADDRESS							
POST CODE			TECHNICAL CONTACT				
TELEPHONE NUMBER			TECH TEL NO (IF DIFFERENT)				
FAX NUMBER			TECH FAX NO (IF DIFFERENT)				
ADMIN/BILLING CONTACT			TECHNICAL EMAIL				
SALES/MARKETING MGR			MANAGING DIRECTOR				
DATE OF ORDER			CUSTOMER PURCHASE ORDER NUMBER				
PAYMENT METHOD		INV D/D	No./Exp	BILLING		M/A	
DOMAIN NAME						REG OR TRANSFER?	
COMPANY REGISTERED NUMBER			NUMBER OF YEARS TRADING				
INDUSTRY/BUSINESS SECTOR							
NEW SERVICE / UPGRADE / RENEWAL (DELETE AS APPROPRIATE)					EXISTING FOCUS CUSTOMER? Y/N		
INSTALLATION ADDRESS (IF DIFFERENT FROM ABOVE)							
INSTALLATION PHONE NUMBER							
REGISTERED ADDRESS (IF DIFFERENT FROM BILLING)							

PRODUCT CODE	SERVICE OPTION	ONE-OFF COSTS	ANNUAL COST	
			TOTAL COST ex VAT	
			TOTAL COST inc VAT	

OTHER INFORMATION

NAT REQUIRED? Y/N	
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I apply for the goods/services indicated above and accept the Focus 4 U Ltd terms and conditions, a copy of which is available upon request. I acknowledge that payments for services are due in advance upon receipt of a Focus issued invoice. If I should decide to cancel the service(s) on my part, any outstanding payment(s) must be settled in full before termination of contract. I acknowledge the fact that failure to pay by the due dates may result in suspension/cancellation of service. A reconnection charge may be made. When order has been confirmed and accepted by Focus, an invoice will be issued. Unless otherwise advised, billing will be performed monthly.

ON BEHALF OF THE CUSTOMER	
SIGNED	
PRINT NAME	
POSITION	
DATE	

ON BEHALF OF FOCUS 4 U LIMITED	
SIGNED	
PRINT NAME	
POSITION	
DATE	

For Focus internal use ONLY	Internal Approval:
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