

Visual Verification

BROADBAND ORDERING FORM

Please complete and return to Visual Verification - Fax: 0844 415 5555

<p>Delivery / Registration Address:</p> <p>Company Name:</p> <p>Contact :</p> <p>Address :</p> <p>.....</p> <p>Tel: Fax:</p> <p>Company Registration Number:</p> <p>Email Address:</p> <p>Password: (min of 5 characters)</p> <p>PSTN line number:</p> <p>(Must be standard BT PSTN Line)</p>	<p>Installation Company (if applicable):</p> <p>Name :</p> <p>Contact :</p> <p>Address :</p> <p>.....</p> <p>Tel : Fax :</p> <p>Company to be invoiced: Installation Co.....θ</p> <p>(please tick) Customer.....θ</p> <p>Other.....θ</p> <p>Date Required:</p> <p>(standard lead time is 7-10 days from order)</p>
<p>PRODUCTS REQUIRED:</p> <p>(please tick)</p> <p>VISUAL 500 ADSL <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>VISUAL 1MB ADSL <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>VISUAL 2MB ADSL <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>DRAYTEK ROUTER (pre-configured) <input style="width: 50px; height: 20px;" type="checkbox"/></p>	<p>PRODUCTS REQUIRED:</p> <p>(please tick)</p> <p>1 STATIC IP ADDRESS <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>4 STATIC IP ADDRESSES <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>8 STATIC IP ADDRESSES <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>VPN REQUIRED <input style="width: 50px; height: 20px;" type="checkbox"/></p>
<p>Authorised signature</p> <p>Name</p> <p>Signature</p> <p>Date Contact Tel</p>	

For Internal Use Only		
<p>Date commissioned :</p> <p>Time :</p>	<p>Details complete:</p> <p>Sign & Print Name</p>	<p>Copy to HQ</p> <p>Date</p>