

NO. 23-3A, MAYANG PLAZA, JALAN SS26/4, TAMAN MAYANG JAYA, 47301 PETALING JAYA, SELANGOR, MALAYSIA
 TEL: (6)03-7887 6028 FAX: (6)03-78879028

**IMPORTANT: The Terms and Conditions of this SOF are to be read together with the Service Agreement.
 Applicant must be made by Authorised Personnel of the Company.**

SOF No: SOF/XXX/2015-YYY

1. CUSTOMER INFORMATION

Date:	Agreement No:
Company Name:	Business Registration No:
Correspondence Address:	
Postal Code:	City/State:
Contact Person Details: Mr/Mrs/Miss*	Name:
Telephone Number:	Mobile Number:
Fax Number:	E-mail:

2. SERVICE DESCRIPTION AND CONTRACT INFORMATION

<input type="checkbox"/> Dark Fiber	<input type="checkbox"/> Wavelength	<input type="checkbox"/> Metro-E	<input type="checkbox"/> Domestic PLC	<input type="checkbox"/> International PLC
Nos of Core:	Capacity:	Capacity:	Capacity:	Capacity:

Others

Details:

INSTALLATION ADDRESS SITE A	INSTALLATION ADDRESS SITE B
Address:	Address:
Contact Person:	Contact Person:
Name:	Name:
Contact No:	Contact No:
Email:	Email:

3. BILLING AND PRICING DETAILS

Company Name:	
Correspondence Address:	
Postal Code:	City/State:
Contact Person Details: Mr/Mrs/Miss*	Name:
Telephone Number:	
E-mail:	
Payment Term: <input type="checkbox"/> Monthly In Advance <input type="checkbox"/> Quarterly In Advance <input type="checkbox"/> Yearly In Advance	
Contract Period:	One Time Charge : USD
Targeted RFS Date:	Monthly Charge : USD
Service Availability (%):	Others : USD

Additional Terms and Conditions:

5. DECLARATION OF APPLICATION & ACCEPTANCE

CUSTOMER	SPEEDLINK
WE HEREBY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS STATED HEREIN AS WELL AS THE SERVICE AGREEMENT FOR THE PROVISION BY YOU OF THE TELECOMMUNICATION SERVICE REQUESTED BY US. WE FURTHER CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE.	WE HEREBY AGREE TO ACCEPT THE REQUIREMENTS AS CONTAINED IN THIS SERVICE ORDER FORM (SOF) AND WE HEREBY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS STATED HEREIN AS WELL AS THE SERVICE AGREEMENT FOR THE PROVISION BY US OF THE TELECOMMUNICATION SERVICE REQUESTED BY YOU. WE FURTHER CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE.
Signature:	Signature:
Name:	Name:
Designation:	Designation:
Date:	Date:
Business Stamp:	Business Stamp:

* Delete whichever is not applicable.