

Telecommunications Services Order Form

For ANY assistance in completing this Order Form, just call 08700 716716



Company Details:

Company Name: Registered Number:
 Address:

 Contact Name: Telephone:
 Position: Email:

Telephone System Details:

Manufacturer: Model:
 No. of Lines: No. of Extns: ISDN? / (delete as applicable)
 Current Carrier:

Invoicing Details:

Address:

 Contact Name: Telephone:
 Position: Email:

Billing Format Details:

Call billing details will be sent by email to the address shown here --> Billing Email:

Line Details - please list all telephone lines to be covered by the Interchange CPS Service, including the CLI for ISDN lines

Number	No. of Lines	Usage*	BT? (Y/N)	Location P'code as per BT Bill	Location / Description	Access Method
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls
.....	All Calls

*Usage – Please indicate whether line is used for Voice (V); Data/Modem (M); or Fax (F)

Authorisation:

I the undersigned hereby confirm that I am authorised to sign this contract on behalf of the company shown in Company Details above and agree to the Interchange Group Ltd Carrier Pre-Selection Terms and Conditions which are incorporated with this order, a copy of which I confirm I have read and understood.

Name:
 Signature: Date:
 Position:

Next Steps:

After you have completed and authorised this order form please fax it to 08700 716789 then send the original copy to:
 INTERCHANGE GROUP LIMITED, 2 Plover Close, Interchange Park, Newport Pagnell, Buckinghamshire, MK16 9PS
PLEASE INCLUDE A COPY OF YOUR MOST RECENT TELEPHONE BILLS