



Serious Broadband

Agreement

For the supply of FibreLINK Service



Customer Details

***Must be completed**

Full name of Customer*	
Trading Name (if any)*	
Order Number (if any)*	
CityLink Quotation Reference (if any)*	
Description of your main business activity	

Contact Person for this Agreement

Name	
Phone Number	
Email Address	

Invoicing Contact Details

Name* and Position of Contact Person for invoicing	
Invoice Postal Address (PO Box #)*	
Billing contact phone*	
Billing contact fax	
Billing contact email	
Email Address for invoice (If applicable)	
Direct Debit Option (Tick if required)	<input type="checkbox"/> Please complete a Direct Debit Authority

Service Required:

Type of FibreLINK Service Required	✓	Installation Purchase Price	Monthly Fee
<ul style="list-style-type: none">FibreLINK			
<ul style="list-style-type: none">Internal Building Cabling: Fibre - Site 1			
<ul style="list-style-type: none">Internal Building Cabling: Fibre - Site 2			
Contract Period for Service *		24 months <input type="checkbox"/>	36 months <input type="checkbox"/>

End User Name (if different from Customer)	
Service Requirement Date (by Close Of Business) *	

Connection Addresses for Installation	
Site 1 Building name	
Street no. / Street name	
Floor no.	
Termination Location (Cabinet Identification)	
Site 2 Building name	
Street no. / Street name	
Floor no.	
Termination Location (Cabinet Identification)	
Additional Information:	

On-Site Contact Details - Site 1

On-Site contact name	
Site contact phone(s)	
Site contact email	

Technical Contact Details - Site 1

Technical contact name	
Position	
Technical contact phone(s)	
Technical contact email	

Building Detail - Site 1 if known

Building Manager name(s)		Tel:
Building Manager Location		

On-Site Contact Details - Site 2 (if different from Site 1)

Site contact name	
Site contact phone(s)	
Site contact email	

Technical Contact Details - Site 2 (if different from Site 1)

Technical contact name	
Position	
Technical contact phone(s)	
Technical contact email	

Building Detail - Site 2 if known

Building Manager name(s)		Tel:
Building Manager location		

"You" (the CityLink Customer) agree to purchase CityLink's FibreLINK service subject to the CityLink Terms and Conditions as set out on the CityLink website (www.citylink.co.nz) from time to time.

Transmission of this completed form constitutes an order by you for the supply of services and is able to be acted upon by CityLink.

SIGNED BY CITYLINK CUSTOMER:

Your /authorised person's signature

Date

Print name of authorised person

Position

When completed send to CityLink as a PDF by email (to sales@citylink.co.nz) or by facsimile (04 385-9004) or by post (PO Box 9328, Wellington, 6141)

CITYLINK ACCEPTANCE:

CityLink agrees to provide the FibreLINK Service subject to the following variations (if any):

SIGNED BY CITYLINK:

Signature of Customer/authorised person

Date

Print name of authorised person

Position

CityLink Office Use Only	Circuit / Job #	
Received in CityLink	Account Manager	
Tested & Commissioned	Signed	