



faces not numbers



Service Addition Analogue Lines

By signing this form you agree to our terms and conditions
For full details of our terms and conditions please visit www.adept-telecom.co.uk

Company Name:		Customer Account No:	
Contact Name:	Business Partner:		
Contact No:	Contact No:		
Email:	Email:		
Install address (<i>must include full address details including postcode</i>):		Billing address if different:	
		Billing email address:	
Installation Details			
Is it a conversion? Yes / No			
CLI:	Line Type		
Details of where line(s) are to be installed		PSTN (Single)	Y / N
Floor or Level:			Broadband Compatible: Y / N
Wall or Rack Mounted:		Multi Line	Y / N
Shared Premises: Y / N			No of Lines:
Date Required:		Number Selection?	Y / N
On Site Contact:	Additional Info: i.e. Conversion support notes/ COA & Conversion ect		
Mobile No:			
Required Features			
Please detail features (i.e CLIP / Directory Entry)		Care Level Required	Y / N
		Care Level 2	
		Care Level 3	
		Care Level 4	
Entry in Telephone Directory Y / N			
By signing, this is an addition to your master service agreement and you agree to our terms and conditions and charges for the requested order. For full details of our terms and conditions, and prices please visit www.adept-telecom.co.uk .			
Signed:	Print Name:	Date:	