



Service Application Form

No. _____

Personal Information

Title Mr. Ms. Mrs. Others * Required fields

Full Name / Company Name* _____

Nationality* _____ CPR / CR No* _____

Mobile / Contact Number* _____ Date of Birth _____

Fax Number _____ City* _____

E-mail Address* _____ Country* _____

Address* _____

Service Information

	Quantity	Unit Price In BD	Total In BD
<input type="checkbox"/> ETISL			
<input type="checkbox"/> ETISL PREMIUM			

ETISL Number Details

_____	Special Number Class		
_____	Special Number Class		

Device Details

IP Phone Brand: _____ Serial No.: _____

ATA Device Brand: _____ Serial No.: _____

Configuration Charges _____

Others _____

Additional Credit

Grand Total BD.

Method of payment: Cash Credit Card Cheque Debit Card Others _____

DISCLAIMER: By signing below, I have read, understood and agree to the Etisalcom terms and conditions detailed on the back of this service application form. I comprehend that this prepaid account expires one year from the date of registration and that if this account is not renewed prior to the date of expiry, Etisalcom will terminate the account as per the ETISL Prepaid Expiry Policy.

Customer Name _____ Date _____ Signature _____

ETISALCOM OFFICIAL USE ONLY

	Sales Department & Customer Support Department		Finance Department
	Activation	Verification	
Date			
Name			
Signature			