

Please fax to: +31 (0) 70 – 392 22 16

Order Form

1. Order number.....:

Ref. number /date.....:

2. Customer identity:

Registered name.....:

Legal address.....:

Zip code / City.....:

Country.....:

Phone number.....:

Fax number.....:

Chamber of Commerce.....:

VAT number.....:

3. Customer's authorized contact for signature:

Name.....:

M / V

Title.....:

Phone number.....:

Fax number.....:

E-mail.....:

4. NL-ix connection:

100 Mbit/s (100 BaseT)

1.000 Mbit/s (SX / 850nm mm fiber)

1.000 Mbit/s (LX / 1310nm sm fiber) (extra OneTime charge)

10.000 Mbit/s (LR / 1310nm sm fiber)

5. VLAN:

100 Mbit/s NL-ix VLAN

1.000 Mbit/s NL-ix VLAN

From datacenter.....:

To datacenter.....:

VLAN ID.....:

(assigned by NL-ix)

6. Ready For Service date and contract duration:

Scheduled Ready For Service date.....:

Contract duration after RFS

1 year

2 years

3 years

other.....:

7. Additionally agreed subjects:

Connection agreement

Additional proposal.....:

Correspondence text, as listed in :

E-mail of (date).....:

regular mail (date).....:

8. Tech info:

AS number.....:

Subnet.....:

Email adress mailinglist.....:

9. Connection location:



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- | | | | |
|---|---|---|---|
| <input type="checkbox"/> BIT-1 | <input type="checkbox"/> BIT-2 | <input type="checkbox"/> Easynet | <input type="checkbox"/> euNetworks |
| <input type="checkbox"/> EvoSwitch | <input type="checkbox"/> Global Switch | <input type="checkbox"/> GrafiXNOC | <input type="checkbox"/> Interoute |
| <input type="checkbox"/> InterXion AMS1/4 | <input type="checkbox"/> InterXion AMS3 | <input type="checkbox"/> InterXion AMS5 | <input type="checkbox"/> KPN CC Oude Meer |
| <input type="checkbox"/> KPN CC Aalsmeer | <input type="checkbox"/> MediaGateway | <input type="checkbox"/> NIKHEF | <input type="checkbox"/> Spaanse Kubus |
| <input type="checkbox"/> SARA Amsterdam | <input type="checkbox"/> SARA Almere | <input type="checkbox"/> Schuberg Philis | <input type="checkbox"/> Telecity AMS1 |
| <input type="checkbox"/> Telecity AMS2 | <input type="checkbox"/> Telecity AMS3 2f | <input type="checkbox"/> Telecity AMS3 2e | <input type="checkbox"/> Telecity AMS4 |
| <input type="checkbox"/> Tele2 Gyrocenter DC1 | | | |

10. Customer Contact during Implementation:

Name.....: M / V
 Title.....:
 Phone number.....:
 Fax number.....:
 E-mail.....:

11. Invoice items:

Service element	Non-recurring	Monthly
Total :		

Invoicing is done in Euro, excluding VAT (19%).

12. Customer's order acceptance:

On behalf of (company name).....:
 City / date.....:
 Signature.....:

Name.....:
 Title.....:

13. NL-ix confirmation (co-signed by NL-ix after receipt of signed order):

City / date.....:
 Signature.....:

Name.....:
 Title.....:

14. NL-ix NOC order acceptance (to be signed off by NL-ix after receipt of signed order):

Product/Service Datacenter Backbone Capacity Target ready for service date
 Signature.....:

15. Additional text: