

Existing Customer Yes  No  (Please tick ✓)

If Yes, CBS Account Number

**Customer Details**

Company Name	<input type="text"/>		
Trading Name (full name please)	<input type="text"/>		
Type of Business (please tick)	Incorporated <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>	E-mail Address	<input type="text"/>
Address (only complete for sole trader or partnership)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
Company Registration Number	<input type="text"/>	Date Commenced Trading	<input type="text"/>
Number of Employees	<input type="text"/>		

**Line Information**

LINE TYPE	No. LINES/CHN	PRICE per LINE/CHN	PRICE/MONTH	CARE LEVEL
ANALOGUE	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
ISDN 2	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
ISDN 30	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
DDI	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
SIP Trunk	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
TARIFF	CBS 1 <input type="checkbox"/> CBS 2 <input type="checkbox"/> CBS 3 <input type="checkbox"/>			
Headline Rates Outbound	Local	National	V O2 T O 3	Mobile Operator
Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekend	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				V = Vodafone O2 = O2 T = T-Mobile O = Orange 3 = 3
ADDITIONAL CHARGES	DESCRIPTION	PRICE		
One off charges	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Agreement Term	<input type="text"/>	month(s)* (worded, e.g. Twenty-four)*Minimum twelve month line rental term.		

**Site Information**

On Site Contact Name	<input type="text"/>
Installation Address (if different from above)	<input type="text"/>
Telephone Number	<input type="text"/>
Date Service Required	<input type="text"/>

**Number Portability VIC Request**

Are there Existing Numbers to be Retained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Existing Telephone Company and Contact	<input type="text"/>			
Copy of Bills Provided By Customer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Porting Form Completed and Signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Attached Additional In	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Numbers to be Ported	Line Number	No. of Lines/Chn	DDI Range	Type of Line
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Numbers to be Ported Continued...	Line Number	No. of Lines/Chn	DDI Range	Type of Line

### Data Services

**Description of Service**

BROADBAND / DSL

ETHERNET

EFM

OTHER

Price Per Month

One Off Installation Charges

Router Required Yes  No  Cost

**Customer IT Company**

Contact Name

Number

### Additional Information

### Line Extras

In Line Extras Monthly Charges

Call Diversion  CLI Presentation (Digital)  Connected Line ID Presentation  Caller Display (Analogue)

Other, please specify

### Resilience Option (Disaster recovery) - Complete for ISDN30 orders only

Number Requesting  First Number  Second Number

Site Assurance  Contact name

Site Assurance password  Telephone number to convert to

### Installation Date (subject to change)

Preferred Installation Date  Time am/pm

### Additional Details

Any Relevant Details

### Declaration

#### THIS IS AN AGREEMENT FOR CHESHIRE BUSINESS SERVICES FIXED LINE VOICE SERVICES

I have read and agree to the terms of this contract set out in the General Terms & Conditions available at [www.cheshirebusinessservices.com](http://www.cheshirebusinessservices.com). In particular I agree to the rights of cancellation, the minimum commitments and the early termination charges and I agree that I am authorised to bind and sign for and on behalf of the above named customer. I agree that this contract is subject to Cheshire Business Services written acceptance of my order.  (Please tick )

Print Name

Date  /  /  Time  :

 Signed  **AGREEMENT**

Cheshire Business Services (2008) Limited  
 89 – 91 Buxton Road, Heaviley, Stockport, Cheshire SK2 6LR  
 Registered Office: 308 London Road, Hazel Grove, Stockport, SK7 4RF.  
 Registered in England & Wales No 6480036

### FOR CBS Business USE ONLY

Salesperson / Dealer

Salesperson / Dealer Number  Date  /  /