



Service Application Form – PHONE NUMBER SUBSCRIPTION

Section A - Company information

Company Name				
Street & Building Address				
P.O.Box		Postcode		
County	City		Country	
Company Email Address (No free email domains ie gmail , hotmail yahoo etc)				
Company Phone Number				
Company TAX Number		Registration Number		

Section B - Client information

Authorised General Contact (CEO, MD, DIRECTOR ETC)

First Name:		Last Name:	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

First Name:		Last Name:	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number:	

Support Contact (CTO, ICT OFFICER ETC)

First Name:		Last Name:	
Email Address: (No free email domains)		Job Position:	
Office Phone number:		Mobile number:	

Section C – Product & Order Details (kindly select)

Cloud One Number Type	<input type="checkbox"/> Phone Number (DID) +25420790__ __ __ __ <input type="checkbox"/> Toll Free Number 0800000
Billing cycle of existing SIP Trunk subscription	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual



Existing SIP Trunk Account Name	
Optional Add Ons	<input type="checkbox"/> Premium Support Ticket for Additional Phone Number configuration on IP PBX <input type="checkbox"/> Premium Support Ticket for Toll Free Number configuration on IP PBX <input type="checkbox"/> Initial Toll Free Number Talk Time of Ksh 5000 + VAT <input type="checkbox"/> Initial Phone Number (DID) Talk Time of Ksh 1000 + VAT

- We confirm that we are responsible for our IP PBX configuration as per the guidelines available on the frequently asked questions section of Cloud One Website
  
- We confirm that if we are unable to configure our & IP PBX then Cloud One Premium Support ticket will be chargeable
  
- We hereby confirm that above details are accurate & that we have read & agreed to the general terms & conditions of Cloud One Limited listed on its website at <https://www.cloudone.co/shop/terms>
  
- We will notify Cloud One Limited in the event of any changes of the above.

Customer Authorised Contact (CEO, MD):

Name:

Service Request Date:

Signature:

Customer Company Stamp

Required KYC Documents to be attached with this application

1.  Copy of the Company PIN Number
2.  Copy of the Trade License or Business Permit
3.  Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
4.  Copy of CR12 Form with 3 months validity
5.  Copy of a valid national identity card, passport, or alien card of authorised contact (CEO, MD)

SALES AGENT NAME (if any): ..... Signature

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For immediate processing - Email the duly completed form and all required documents to [hello@cloudone.co](mailto:hello@cloudone.co)

CLOUD ONE OFFICIAL USE ONLY

Document Ref:  Quotation / Sales Order / Proforma Invoice #

SERVICE ACTIVATION DATE:

PHONE NUMBER: +25420790

TOLL FREE NUMBER: 0800000

SIP TRUNK ACCOUNT NAME:

Technical Lead:

Billing Lead:

Technical Lead Signature:

Billing Lead Signature:

CEO:

Signature:

Cloud One Limited Company Stamp