



## 422780



### Application form - Main

- New
  - Cancellation
  - Change of address
- Required documents**
- Copy of Trade Licence
  - Copy of establishment card
  - Passport/Visa copy
  - Letter of Authorisation

### Customer information

Company name \_\_\_\_\_ Company Account number (if applicable) \_\_\_\_\_  
 Trade Licence number \_\_\_\_\_ Trade Licence expiry date \_\_\_\_\_  
 Establishment card number \_\_\_\_\_ Establishment card expiry date \_\_\_\_\_  
 Parent company (if applicable) \_\_\_\_\_  
 Nature of business  SI and Technology  Media  Communications  Healthcare  Brands  
 Finance  Banking  Hospitality  Construction  Real Estate  
 Transportation  Logistics  Oil and Gas  Manufacturing  Wholesale distribution  
 Conglomerate  Government  Others \_\_\_\_\_  
 Number of employees  10 or less  10-20  21-99  100 or more

### Company address (physical address)

\*Floor/office number \_\_\_\_\_ Building name/number \_\_\_\_\_ Plot number (if available) \_\_\_\_\_  
 \*P.O. Box \_\_\_\_\_ Emirate \_\_\_\_\_ Country \_\_\_\_\_  
 Nearest landmark \_\_\_\_\_ Old address (in case of address change) \_\_\_\_\_

### Billing address

\*Title \_\_\_\_\_ \*First name \_\_\_\_\_ Middle name \_\_\_\_\_ \*Family name \_\_\_\_\_  
 Job title \_\_\_\_\_ Office/business telephone number \_\_\_\_\_  
 Mobile number \_\_\_\_\_ Email address \_\_\_\_\_ Fax number \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ Emirate \_\_\_\_\_ Country \_\_\_\_\_

### Authorised signatory

\*Title \_\_\_\_\_ \*First name \_\_\_\_\_ Middle name \_\_\_\_\_ \*Family name \_\_\_\_\_  
 Job title \_\_\_\_\_ Office/business telephone number \_\_\_\_\_  
 Mobile number \_\_\_\_\_ Email address \_\_\_\_\_ Fax number \_\_\_\_\_

### Technical contact

Main facilities or IT contact (responsible for telecommunication and IT services)

\*Title \_\_\_\_\_ \*First name \_\_\_\_\_ Middle name \_\_\_\_\_ \*Family name \_\_\_\_\_  
 Job title \_\_\_\_\_ Office/business telephone number \_\_\_\_\_  
 Mobile number \_\_\_\_\_ Email address \_\_\_\_\_ Fax number \_\_\_\_\_

### Payment method

- Cash
- Cheque
- Bank transfer
- Credit card

### Billing information

Bill delivery Language  Email only  Email and hard copy  
 English  Arabic Email address \_\_\_\_\_

### Agreement

We'll use the above information to contact you via email, phone or SMS. If you don't wish to be contacted about our products or special promotions, tick here  I agree by signing below that I have the authority to sign on behalf of the named customer; that I've ordered the services indicated in this form and that I accept the Terms and Conditions as stipulated in the subsequent pages of this application form. I take full responsibility for the use of all du services provided to us.

\*Customer signature \_\_\_\_\_ \*Company stamp \_\_\_\_\_  
 \*Date \_\_\_\_\_  
 DD MM YYYY

### For official use only

Sales work order number [ ] Customer ID number [ ]  
 For retail  
 Sales Agent location \_\_\_\_\_ Sales agency code \_\_\_\_\_  
 For indirect/direct sales  
 Account/Partner Manager name \_\_\_\_\_ Account/Partner Manager ID **2473**  
 Partner name **Solutions Bridge** Partner/Dealer ID **SMESBF** Sales Executive name **Atiq ur Rahman**  
 Mobile number **971552993500** Sales Support Agent name \_\_\_\_\_

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