



# Customer Activation Agreement

## DSL Broadband Order Form

### Customer Details

Company Name	Customer Number	Position
Tel. No.	Fax No.	E Mail
Site Address	Billing Address (if different)	
Selected DSL Line Number:	Eircom Account Number	

### Broadband Options - 12 Month Contract applies to all options

Product	Monthly Charge	Contention Ratio	
3Mbps Download, 384 Kbps Upload	€30.00	12:1	<input type="checkbox"/>
7.6Mbps Download, 672 Kbps Upload	€40.00	12:1	<input type="checkbox"/>
12 Mbps Download, 1 Mbps Upload	€69.00	12:1	<input type="checkbox"/>
24Mbps Download, 1Mbps Upload	€105.00	12:1	<input type="checkbox"/>
Installation - Engineer Site Visit	€165.00		<input type="checkbox"/>
Enhanced Services - Includes:	€30.00		<input type="checkbox"/>
Domain Name Transfer, Web Hosting, 5 POP Email Addresses of SMTP Feed, Spam & Virus Trap			

This contract shall not take force and effect until the same has been signed by Pure Telecom Ltd.  
 The customer hereby agrees to purchase the Services quoted above subject to the Terms and Conditions.  
 The customer hereby authorises eircom to activate the above choices on it's behalf.

Customer Authorised Signatory. \_\_\_\_\_ Name (in block letters) Date:

Pure Telecom Authorised Signatory. \_\_\_\_\_ Name (in block letters) Date:

### DIRECT DEBIT MANDATE

Please complete the following section to instruct your Bank to make payments from your account and return the completed form to Pure Telecom Limited, Unit 1, Aspen Court, Cornelscourt, Dublin 18.

To the Bank Manager of (Bank/Building Society Name)	Bank Sort Code
Address	Bank Account Number
Name of Account Holder	Originators Number
	<b>303317</b>

Please note that Bank/ Building Societies may decline to accept instructions to charge direct debits to certain types of accounts.

### Instructions and Authorising Signature

I authorise you, until further notice in writing, to charge my account with variable amount direct debits on various dates at the request of Pure Telecom Limited.

Name (in block capitals)

Address

Customer Reference	

Customer Authorised Signatory. \_\_\_\_\_ Customer Authorised Signatory. \_\_\_\_\_ Date. \_\_\_\_\_

I shall inform the bank in writing should I wish to cancel this instruction. I understand that if any direct debit is paid outside the terms of this instruction, the bank will make a full refund.