

Application Form for New Supervoice Account

Company Information

Company name:

Distinctive Title:

Occupation:

VAT registration number:

Postal address:

..... ZIP code

Telephone:

Fax:

E-mail for billing:

Supervoice reseller company name: **ALPHA INFORMATION TECHNOLOGY SA**

IT Manager contact information

Name:

E-mail:

Mobile:

Telephone:

Type of service

Supervoice Trunk [fill out Appendix 1]

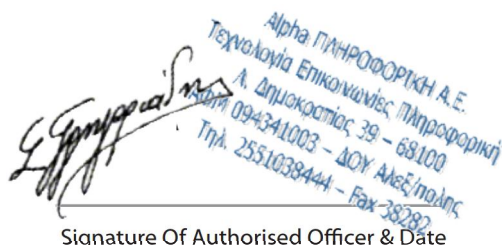
Supervoice Virtual PBX [fill out Appendix 2]

Supervoice Marine [fill out Appendix 3]

Supervoice Virtual CALL CENTER [fill out Appendix 4]

Terms and Conditions

All Supervoice to Supervoice calls are completely free of charge and highly secured with end-to-end encryption. Bills are issued in an electronic format only and should be considered as originals. All bills are postpaid and depending on the size of the bill a corresponding deposit may be required. By signing this form you confirm that all information given in connection with this application is true and correct and you agree to be bound by the Terms and Conditions of Supervoice. You acknowledge that you comply with all the above and accept Supervoice Pricing Terms.



Alpha Πληροφορική Α.Ε.
Τεχνολογία Επικοινωνιών Πληροφορική
Α. Δημοκρατίας 39 - 68100
Τηλ. 094341003 - ΔΟΥ Αλεξ/νουλης
Τηλ. 2551038444 - Fax 38280

Signature Of Authorised Officer & Date

Company Stamp

Please fill, initialize, sign and send this form to ssales@alphait.gr.eu along with :

- a copy of both sides of legal representative's Identity Card
- a copy of a recent phone bill proving the ownership of the telephone number you wish to be shown as telephone's CALLER ID
- a corporate document proving that the signatory is authorized by the company to sign this form

Appendix 1

SUPERVOICE TRUNK

The telephone number you wish to be shown as CALLER ID

Request new supervoice telephone number

Account 1 Display number: _____ Display name: _____

Account 2 Display number: _____ Display name: _____

Account 3 Display number: _____ Display name: _____

Account 4 Display number: _____ Display name: _____

Account 5 Display number: _____ Display name: _____

Use already existing telephone numbers

Account 1 Display number: _____ Display name: _____

Account 2 Display number: _____ Display name: _____

Account 3 Display number: _____ Display name: _____

Account 4 Display number: _____ Display name: _____

Account 5 Display number: _____ Display name: _____

Requested number of concurrent channels: []

Where will the Supervoice account be used

IP PBX

3CX Gigaset Other [Brand]
 [Model] [Model] [Model]
 [Version] [Version] [Version]

Traditional PBX

Brand: _____

Model: _____

Version: _____

Available ports for supervoice gateway interconnection:

ISDN PRI ISDN BRI
 [Number of available ports] [Number of available ports]

Analog extensions PSTN lines
 [Number of available ports] [Number of available ports]

Appendix 1

SUPERVOICE TRUNK

Service equipment (choose 1 of the following)

- | | | |
|---|-------------|---|
| <input type="checkbox"/> One-off payment of the equipment | Cost: | € |
| <input type="checkbox"/> Leasing of the equipment | Cost/month: | € |

Additional Optional Service

- | | | |
|---|--------------|---|
| <input type="checkbox"/> Supevoice secure voice leased line | Cost/month: | € |
| | Set up cost: | € |