

# Co-location order form



Customer account no.:

Company name:

The following is hereby ordered in accordance with current terms:

<input type="checkbox"/>	Setup	<input type="checkbox"/>	Service change	(Circuit no.): _____
<input type="checkbox"/>	Termination	(Circuit no.): _____		
<input type="checkbox"/>	Survey (Circuit no.): _____			

## Indoor space rental in TELE cabin

Rackspace 3 units \_\_\_\_\_ unit(s)

Rackspace Entire rack \_\_\_\_\_ unit(s)

Power consumption (Power consumption outside that included in the price is calculated from the technical specification of the equipment).

## Outdoor space rental

Access to mount antenna on existing mast in the allocated space, level and direction \_\_\_\_\_  
(space rent for antenna mast per 90 degree sector height max 1,5m)

Outdoor Equipment located on TELE land \_\_\_\_\_ unit(s)  
(Per unit with no connections)

Equipment installed at the mast foot \_\_\_\_\_ unit(s)  
(Per unit with no connections)

## Installation address:

Street:	B no.:
City:	Zip code:

Technical documentation of hardware to be installed must be provided by Service Taker and attached.

## Service Taker Implementation Manager:

Name:	
Contact phone no.:	Contact e-mail:

## Service Takers signature:

Please write name in capital letters

Name: \_\_\_\_\_

Date:	Signature:
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For use by licensed Service Takers only

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