

Connect IP order form



Customer account no.: _____ Company name: _____

The following is hereby ordered in accordance with current terms:

Setup Termination Circuit no.: _____

Installation address:

City: _____

Service Taker Implementation Manager:

Name: _____

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

Service Takers signature:

Please write name in capital letters

Name: _____

Date: _____ Signature: _____

For use by licensed Service Takers only

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