



Amocom Corporate Contract Form

Amocom Technologies.
Azotel Suite, Floor 3
River House
Blackpool Retail Park
Cork
Phone: 021 4671677
e-mail: info@amocom.com

Title: _____ First name _____

Last name _____

Business name _____

Position in company _____

Installation Address

Address _____

City _____

County _____

Billing Address (if different than above)

Address _____

City _____

County _____

Our Pricing is flexible and based on your requirements and needs, in order for us to provide you with the most suitable package and price, please mark one checkbox in each of the below column's

Download	Upload	Contention Ratio
<input type="radio"/> 512Kb/s	<input type="radio"/> 512Kb/s	<input type="radio"/> 10:1
<input type="radio"/> 1Mb/s	<input type="radio"/> 1Mb/s	<input type="radio"/> 8:1
<input type="radio"/> 2Mb/s	<input type="radio"/> 2Mb/s	<input type="radio"/> 4:1
<input type="radio"/> 3Mb/s	<input type="radio"/> 3Mb/s	<input type="radio"/> 2:1
<input type="radio"/> Other:	<input type="radio"/> Other:	<input type="radio"/> Other:

Connection comes with 1 Public-fixed IP address

Installation fee _____

All equipment remains property of Amocom.

In case of successful site survey & install this contract is binding for 12 months.

I am a authorised signatory and have been authorised to request service from Amocom.

I have read and I accept the Terms and Conditions.

I have read and I accept the Fair Usage Policy.

I have obtained permission from property owner to install equipment at the listed address.

Business Type

- Individual or Sole Trader Partnership
- Limited Company Incorporated Association
- Public Limited Company Registered charity
- Other:

Contact details

Mobile No. _____

Phone No. _____

e-mail _____

IT Support

- In House Consultant

IT Contact _____

Phone _____

e-mail _____

Accounts

Accounts Contact _____

Phone _____

e-mail _____

No. of additional IPs _____

Price: _____

- Payment : Monthly in Advance
 Quarterly in Advance
 Half Yearly in Advance
 Annually in Advance

Signature _____

Date _____

A. Direct Debit Payment Instruction

Please complete this section instructing your bank to make payments directly from your account. Please write only in **BLOCK LETTERS**. Then please return the original signed to:

Amocom Technologies Ltd.
Azotel Suite, Floor 3
River House
Blackpool Retail Park
Cork

For office use only

Originator's Identification Number: 303548

Originator's Reference (maximum 18 characters)

Please write the name and full postal address of your bank and branch:

To: The Manager

Bank name

Branch

Address

Name of account holders

Bank Sort Code

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Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature	Date

Banks may refuse to accept instructions to pay direct debits from some types of accounts.

Instructions to your Bank or Building Society

I instruct you to pay direct debits from my account at the request of Amocom Technologies Ltd.
The amounts are variable and may be debited on various dates.
I understand that Amocom Technologies Ltd. may change the amounts and dates only after giving me prior notice.
I will inform the bank in writing if I wish to cancel this Instruction.
I understand that if any direct debit is paid which breaks the terms of this Instruction, the Bank will make a refund.