



Internet Service Provider Office

Customer Application Form

Date of Application \_\_\_\_\_

Town \ City \_\_\_\_\_

1. Customer's Full Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Nationality \_\_\_\_\_ ID No \_\_\_\_\_ Passport No \_\_\_\_\_

Administrative area \_\_\_\_\_ Street \_\_\_\_\_ Zip \_\_\_\_\_

House No \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Customer Type \_\_\_\_\_ Contact Person \_\_\_\_\_

2. Customer Request:

2.1 Dial up

2.2 Leased Line  or Wireless

Technical Information

Technical Information

- a. Type of Computer \_\_\_\_\_
- b. Software platform used \_\_\_\_\_
- c. Modem  
Internal  External
- d. Availability of Telephone Line  yes

- a. Assigned IP Address: \_\_\_\_\_
- b. Server IP Address: \_\_\_\_\_
- c. Router/Radio IP address: \_\_\_\_\_
- d. Equipment type : \_\_\_\_\_
- e. Serial Number: \_\_\_\_\_
- f. Line code: \_\_\_\_\_
- g. Router/Radio Password: \_\_\_\_\_
- h. Domain Name: \_\_\_\_\_

Access Options

Internet  Email Only  Proxy

- a) User name \_\_\_\_\_
- b) Password \_\_\_\_\_
- c) Email Address \_\_\_\_\_ @tse.com.er
- d) Email Password \_\_\_\_\_

Installers: \_\_\_\_\_  
Starting date of Installation: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Usage Hours/Month

10  20  UL

Duration of the Contract

1 month  2 months  Unlimited

Customer Signature: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_

Effective Date of Connection: \_\_\_\_\_

3. Change of service type from \_\_\_\_\_ to \_\_\_\_\_  
Reasons for Changing \_\_\_\_\_  
\_\_\_\_\_

Change of service Date: \_\_\_\_\_  
Signature of Customer: \_\_\_\_\_  
Signature of the Service Provider: \_\_\_\_\_

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*Change of service type from* \_\_\_\_\_ *to* \_\_\_\_\_

Reasons for Changing \_\_\_\_\_  
\_\_\_\_\_

Change of service Date: \_\_\_\_\_  
Signature of Customer: \_\_\_\_\_  
Signature of the Service Provider: \_\_\_\_\_

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*Change of service type from* \_\_\_\_\_ *to* \_\_\_\_\_

Reasons for Changing \_\_\_\_\_  
\_\_\_\_\_

Change of service Date: \_\_\_\_\_  
Signature of Customer: \_\_\_\_\_  
Signature of the Service Provider: \_\_\_\_\_

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*Change of service type from* \_\_\_\_\_ *to* \_\_\_\_\_

Reasons for Changing \_\_\_\_\_  
\_\_\_\_\_

Change of service Date: \_\_\_\_\_  
Signature of Customer: \_\_\_\_\_  
Signature of the Service Provider: \_\_\_\_\_

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4. Suspension  Closure

Reasons for Closure or Suspension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Closure Date /Suspension Date: \_\_\_\_\_  
Signature of Customer: \_\_\_\_\_  
Signature of the Service Provider: \_\_\_\_\_