

Order Form for change of User/Company's Service (IN) Number

Mr / Mrs / Compa	ny:								
Street, House Nur	mber:								
Post code, locatio	n:								
Contract number	from previous provid	ler:							
Date:									
* You can find the con	tract number on the invo	ice of the previou	s provide	er.					
Main numbe	er								
Area Code	Special service prefix (i.e	e. freephone)	Telephor	ne Numbe	er*				
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Area Code	Special service prefix (i.e	e. freephone) I	Telepho	ne Numb	er*			(140)	. 1
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		from	_1	_1			1		
* Tariff information mu	st be included if it is a 10	080 or 0900 numb	oer.						
	current Service Prov							er to n	ny new
•	hnology Services								. "
	owing, this will allow ice Provider exclusiv								
	Provider (Colt Techn			•	J	•			()
Location/Date: Signature:									
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Order Confirmation	n: Colt Technolog	v Services G	mbH	Т	el.:				
	•	erson:							
Confirming above date				·			•		
Confirming above date	e: Y L N	Alternative	e date:	d	d n	nm	у	у	у у
If alternative date chose explaining why the date	sen, please give reason te has changed								
Contact person from c	current Service Provider			Telepho Fax	ne/				