



## Application for Supply of a Dedicated Point to Point Dark Fibre Circuit Connection

I hereby apply for the supply of a connection to Network Tasman's Fibre Optic Network (The Network) and services in accordance with Network Tasman's Limited (Network Tasman) standard terms and conditions contained in Network Tasman's RSP Portal <https://www.networktasman.co.nz/>.

I declare that I know of no debt owing to Network Tasman in respect to previous failure to pay, and I agree to pay for all services and connections as set out in the current Network Tasman schedules of services and charges contained in Schedule 3 on the RSP Portal as above. I agree to give at least one-month notice of intention to vacate, disconnect or reconnect the premises or services.

I understand that any personal information given by me is for a lawful purpose and will be used solely for the purposes of managing and supplying network connections and services and the business of Network Tasman, and I have a right of access to, and correction of that information.

Transmission of this completed Customer Application Form constitutes an order for the supply of services and will be acted upon by Network Tasman.

### CUSTOMER DETAILS

Full Name of Customer	<input type="text"/>
Trading Name	<input type="text"/>
Company requiring Connection	<input type="text"/>
Customer Order Number	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

What is the company's main business activity?

### SERVICE DETAILS

Date Service Required	<input type="text"/>	<i>(Please allow 20 working days for connection)</i>
Term (Years)	<input type="text"/>	<i>Note: Minimum period for Service is 1 Year.</i>

**LOCATION**

**Location 1**

Building Name

Floor Number

*Room*

Street Number

Street Name

Town/City

Building Manager/Owners Name

Contact Number

**Location 2**

Building Name

Floor Number

*Room*

Street Number

Street Name

Town/City

Building Manager/Owners Name

Contact Number



**INVOICING CONTACT DETAILS**

Customer Name	
Contact Name	
Contact Position	
Phone Number	
Email	
Invoice Postal Address	
Town/City	
Postal Code	

**TECHNICAL CONTACT DETAILS**

Primary Technical Contact Name	
Position	
Phone Number	
Email	

**NOTES**

Submission of this application is an acknowledgement that you agree with the terms and conditions of this document.

.....  
Name

.....  
Position

.....  
Date