



Wholesaler Order Form

Wholesaler Ref:

End User Ref:

(Please note - if service is required at more than one address - please provide additional addresses together with details of the service required on Page 2 - Under 'Additional Information')

Wholesaler Name:

End User Name:

End User Address:

Postcode:

Telephony:

Quantity:

Monthly Rental:

Business Group Lines

Direct Dial Inwards (DDI)

Features:

Quantity:

Monthly Rental:

Easy Attendant

CommPortal Assistant

Incoming Call Manager

Music On Hold

Voicemail Storage (250 MB)

Features:

Quantity:

Monthly Rental:

Premium Attendant

CommPortal Phone

Easy Call Manager

Hunt Group

Handsets:

Purchase

Rent

Other/Own

Handset Models:

Quantity

One-Off

Monthly Rental

Aastra 6730i

Aastra 6731i

Aastra 6735i

Aastra 6737i

Aastra 6739i

Aastra 6753i

Aastra 6755i

Aastra 6757i

Voiplicity Ltd
Communications House
56 Love Lane
Cowes
Isle of Wight
PO31 7EU
Tel: 0845 024 0000
email: sales@voiplicity.co.uk



www.voiplicity.co.uk

Registered in England No. 07093069 and VAT 995 6364 58 GB

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Other:

| Please specify | Quantity | One-Off | Monthly Rental |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Numbers to Port

Numbers

Current Provider

SIP Trunks - Concurrent Calls (Channels)

Quantity Monthly Rental

IP Address

Broadband

Use Own

Voiplicity

If Voiplicity:

Monthly Rental

Subscription

If Using Own:

Current Bandwidth

Broadband Hardware

Please enter any Broadband Hardware requirements (Routers, Switches, etc.) that you wish Voiplicity to provide:

| Purchase | Rent | One-off | Monthly Rental |
|--------------------------|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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If Renting Handset/Equipment, premises where equipment will be held:

SIP Provisioning Required

| | Quantity | |
|--------------------------|----------------------|------------------------|
| Purchase from Voiplicity | <input type="text"/> | £ <input type="text"/> |
| Own Purchase | <input type="text"/> | £ <input type="text"/> |

(Include additional Service address, Training/Professional Service requirements and any other important information for this order)

Minimum Period

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 12 months | 24 months | 36 months | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Voiplicity will only fully support compatible/inter-op tested equipment - details can be found via Reseller

Declaration

I can confirm that I fully understand the Terms and Conditions on the website. I confirm that this Agreement (Order Forms) commits us to receive the service for the minimum period identified above.)

Signed for and on behalf of the Customer: _____

Print Name: _____

Position: _____

Date: _____

By ticking this box I am signing up to a hire agreement detailed on the above application. I agree to be bound by the Terms and Conditions of Voiplicity Ltd.