



This is your

## Analogue installation/conversion service agreement

Site details for conversion/installation							
Company name							
Site address							
On-site contact name							
On-site contact number							
Maintainer contact name							
Maintainer contact number							
Your analogue requirements							
Analogue type	Single analogue		Multi analogue	No. of lines			
Conversion or new install	Conversion		New install				
If Conversion, main CLI							
Number of line box terminations							
Number of PBX terminations							
Repair care level	Standard		Enhanced	Premium			
Select services required	Caller display		Call diversion				
	Call barring		Withhold number				
Directory entry	Yes		No	Bold		Superbold	
Business name to be listed							
Business description							
Total cost of installation			Total r	monthly rental	£		
Your tariff							
Line rental tariff							
Call tariff							
Installation date							
Agreement							
Authorised signature							
Print name			Date				
Position							
This agreement is subject to terms and conditions. By ticking this box, I confirm that I have received and accept the terms and conditions.							
Please submit your completed agreement to sales@tariffaudit.com							TAB_AICSA_07.14

