

Internet Services with world class technology

City Online Services Ltd. 701, 7th Floor, Aditya Trade Center, Ameerpet, Hyderabad - 500 038. Phone: 040 - 66 416 882

www.cityonlines.com

Service Tax Regn. No. : AABCC2969ESD003, PAN No. AABCC2969E, TIN No. : 28590222531

(Internet and Internet Telephony Service Provider Licensed by Department of Telecommunications)

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Paste your Passport size Photograph

CUSTOMER APPLICATION FORM (PLEASE WRITE IN BLOCK LETTERS)						
Name Mr/ Mrs/ Ms/ M/s.	: Last Name	First Name	Middle Name			
Contact info	: Home :	Office				
	Mobile :					
Installation Address	: Door/ Plot No. :	Apartment Name :	Address :			

	City :	Zip Code :	Land Mark :			
<b>Billing Address</b>	: If same Installation address, tick here / if different, then fill in the information below.					
	: Door / Plot No. :	Apartment Name :	Addres	s:		
	City :	Zip Code :	Land Mark :			
		CITY ONLINE USER	ID			
Note : Please type your email a give an email id which may cha	address clearly and legible. This will be ange in the future as we cannot modify	your City Online login Name and if it is not of your user id once configured)	lear then it will be configured incorrectly and	cannot be changed. (Please do not		
Primary E-mail	:					
Secondary E-mail						
Personal Info	: Date of Birth : DD	MMYYYY	Wedding Anniversary : DD			
	: House Owned Re	ented If rented, staying sinc	e:			
Profession						
Purpose of Connection	: Home use Office u	Do you need a statio	CIP: Yes No. (Addi	tional charges payable for a static IP)		
ID & Address Proof	: Pass port Driving Li	cence Pan Card Ratio	on Card Voter ID Card	Telephone Bill		
Hardware at Customer	's end : PC Laptop	Wired Router Wifi Router	VoIP Device			

## SERVICE AND PAYMENT DETAILS

Package Opted for			Package Pay Term :	1M 3M 6M	12 M
Installation Charges(Rs)	Subscription Charges(Rs)	Security Deposit(Rs)	Other Charges(Rs)	Total Amount	
	Cheque No.	Date	Bank	Amount	
Cash : Cheque :					
City Online Temp. Receipt	Info : No:	Date:	Amount:		
	n this application for a new connection and acceptance of the Terms & Cond		read &	ignature :	
		OFFICE USI	EONLY		
Account No	•		Parent Account No. :		
	Child Account	: Yes 🗌 No	If Yes, allocated to	Parent : Yes N	0
	Installation Invoice Raised	: Yes No	Security Deposit E	ntered : Yes N	0
Special Remarks, if any					
Sales Executive	: Name:		ID :		
Enquiry	: Inbound Cold call	Reference			
Estimate Cabling					

Estimate Cabling

Wireless : Cat 5 Fiber

(above info to be filled in by sales executive in consultation with concerned area team)