



Ultimate Telecom

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ISDN2 Installation/Conversion Agreement

Partner Reference	
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Business Name	
Contact Name	
Contact Tel	
Email Address	

Billing Address

Site Details for Conversion/Installation

Company Name			
Building Name/Number		Unit/Floor Number if Applicable	
Road		Town	
County		Postcode	
On-Site Contact Name		Maintainer Contact Name	
On-Site Contact Number		Maintainer Contact Number	

ISDN 2 Standard

Where is the NTE (Network Terminating Equipment) to be Located?			
Conversion or New Install	Conversion <input type="checkbox"/>	New Install	<input type="checkbox"/>
If Conversion, Existing Main CLI		If Conversion, Existing BT Account Number	
If New Install, are Additional MSN Numbers Required (if Yes Please Select 1-9)			
Repair Care Level Required	Standard <input type="checkbox"/>	Level 3	<input type="checkbox"/>
Please List MSN's (Multi Subscriber Numbers) You Wish to be Retained/Transferred:			
1	4	7	
2	5	8	
3	6	9	

ISDN 2 System - For use when more than 2 Channels of ISDN 2 are Required or where DDI's are Required

Where is the NTE (Network Terminating Equipment) to be Located?			
Conversion or New Install	Conversion <input type="checkbox"/>	New Install	<input type="checkbox"/>
If Conversion, Existing Main CLI		If Conversion, Existing BT Account Number	
Number of Channels Required (please tick)	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>
Number of Single Number DDI's Required (SNDDI)		8 <input type="checkbox"/>	
System Access (always yes if DDI is required)	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Number of DDI's Required (in multiples of 10)		Number of Single Number DDI's Required (SNDDI)	
Repair Care Level Required	Standard <input type="checkbox"/>	Level 3	<input type="checkbox"/>
Level 4	<input type="checkbox"/>	Digits to Switch Required (enter 3-8)	
Telephone Number Details for Transfer/Retain to SNDDI (Single Number DDI):			
1		BT Account Number	
2		BT Account Number	
3		BT Account Number	
4		BT Account Number	

Notes

Select Services Required	CLIP <input type="checkbox"/>	CLIR <input type="checkbox"/>	COLP <input type="checkbox"/>	COLR <input type="checkbox"/>
Please tick where required, these will be applied to all lines of this type unless specified in the notes section				

This agreement is subject to Terms & Conditions of which the customer acknowledges to have received a copy.

I accept the terms and conditions.

Directory Details Confirmation	
Directory Entry	Yes <input type="checkbox"/> No <input type="checkbox"/> Bold <input type="checkbox"/> Superbold <input type="checkbox"/>
Business Name to be Listed	
Directory Business Description	

Authorised Signature	C O N T R A C T
Print Name	
Position	
Date	