



Order Dialing Connection

8.32.4.403

Private Client

Business Client

Client

Company	
Last and First Name	
Date of Birth (only private client)	
Street, Number	
Postal Code, City	
Billing Address (if different)	
Phone No. (for further inquiry)	

Location of Access

Building, Floor	
Room, Port Number	

Appointment

Install Date	
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Access, Options and Devices

Connection Type	Analog Line (quantity:) ISDN-Line (system connection) (quantity:) Euro-ISDN-Line (S0 connection) (quantity:)
Further Options	external call forwarding Voicemail with web access Fax mail incl. web access and voicemail
Call Data Record	no complete anonymized
Desired Devices	
Note and other Option	

Signature

	Last and First Name	Date	Signature
Client			

The conclusion of the contract takes place after the valid general trading conditions and price lists of AirIT Services GmbH.

Contact details contact person

8.32.4.208

1. Contact Person

AirIT Services GmbH may use the following contact person for contacting ...*

commercial questions and matters by telephone and e-mail.
technical questions and matters by phone and e-mail..

Name of the Customer (Company) *		
Title*	First Name*	Last Name
Position		
Company (if different)		
Street, Number		Postal Code, City
E-Mail-Address*		Mobile
Telephone		Telefax
Confirmation*		
Yes, I agree that AirIT Services GmbH internally processes the contact details provided by me and uses them for the purpose of establishing contact.		
Date and Signature of the Contact Person*		

*Required

2. Declaration on Information and Offers

AirIT Services GmbH would like to inform your company about products in the areas of telecommunications (analogue/digital connections, mobile communications), bandwidth (VDSL, WAN), network access (LAN, WLAN, IT security), hardware, software and licenses as well as services such as application services, communication solutions and data center services.

For this purpose, AirIT...*

may contact the specified contact person by telephone, e-mail and mail.
may not contact the specified contact person for the specified contact person.

Date and Signature of the Contact Person*

*Required

3. Note

Of course you can change these consents at any time or revoke them altogether. In addition, you have the right to receive information about your data stored by us at any time and to correct, block or delete them if necessary. A transfer of your contact information to third parties will not take place. Of course, your contact information will be removed from our IT systems should our relationship be terminated. Please send us this form **filled out and signed** so we can enter your information into our IT systems. A digital version of this form can be found on our homepage <https://www.airit.de/ansprechpartner.pdf>.

Thank you for your trust!



Legacy Data Accounting (Organization)

8.32.4.210

Address

Name	
Company Name	
Line of Business	

Registered Office of the Company			
Street, Number			
Postal Code, City, Country Code			

Billing Address (Invoice Recipient, Invoicing Party)			
Street, Number			
Postal Code, City, Country Code			

Different Delivery Address or Order Address (optional)			
Street, Number			
Postal Code, City, Country Code			

PO Box Address	
PO Box, Postal Code	

Communication	
Contact Person	
Telephone, Telefax	
Mobile, E-Mail	

Identification

Tax Numbers	
Tax Number	
VAT ID	

Identification Number		
Commercial Register Number		[only for Germany]
Alternative Identification Number		[for foreign Companies]

Payments

Bank Details		
Country Code, Bank Key		
IBAN		[only EU]
BIC		
Account Number		[for NON-EU Business Partner]

Confirmation

I hereby declare that the information made is correct.

Name, First Name	Date	Signature

* required field