



Order Broadband Connection

8.32.4.413

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	
Room	

Appointment

Install Date	
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Access

Bandwidth (incl. Internet Flat)	4 Mbit/s	50 Mbit/s
	10 Mbit/s	100 Mbit/s
	20 Mbit/s	Mbit/s
Number of public IPv4 addresses	piece(s)	
Note and other Option		

Signature

	Last and First Name	Date	Signature
Client			

The contract begins with signature and has minimum contract duration of _____ months. If the contract is not canceled in writing at the notice period of 3 months, the contract will be automatically extended for 6 months.

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

The prices for setup, moving, configuration and resulting monthly amounts for services are based on the current price list.



Request for IP addresses

8.32.4.417

Hereby we request from AirIT Services GmbH the address space described below for use in our businesses.

Client

Company*	
Last and First Name*	
Street, Number *	
Postal Code, City *	
E-Mail*	
RIPE-Handle (if available)*	
Phone No. (for further inquiry)*	
Telefax*	

*) these data are visible in the WHOIS database

We know that

- a request is only possible if a use of private IP addresses is not possible or does not make sense,
- each subnet must be used immediately with at least 25 % of the address space, one year later with at least 50 %
- the allocation of address space is only valid as long as the criteria of allocation are fulfilled,
- the customer expressly agrees to immediately notify AirIT Services GmbH about any significant changes regarding this agreement.
- the address space is allocated only for the duration of the contractual relationship with AirIT Services GmbH.

We need the following subnet sizes (number of IP addresses)

	Subnet Size	Used Address Space			Description
		instantly	1 Year	2 Years	
Sum					



Request for IP addresses

8.32.4.417

Description of equipment for these addresses are used

This section is optional, but it makes the verification process by the RIPE NCC easier. We therefore recommend that you submit the device type, number devices of this type and the number of IP addresses used for this purpose.

Device Type	Number of Devices	Number of Addresses	Manufacturer	Model

Short description of the network.

A network diagram can be useful to illustrate why the request is made for the addresses. A simple drawing will do, or you can attach the network diagram separately.

Is a network diagram attached?

Network Diagram	<input type="checkbox"/> yes <input type="checkbox"/> no
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Signature

	Last and First Name	Date	Signature
Client			

The conclusion of the contract takes place according to the 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