

Client Information	
Company name:	
Corporate registration number:	
Tax number:	
Headquarters address:	
Phone number:	
Invoice name, address (if it is different):	
Postal address (if it is different):	
Bank account number:	
Name of representative:	
Additional information that must be filled for sole proprietorship	
Place and date of birth:	
Mother's maiden name:	
Permanent address:	

Please, when you send this bank information sheet, enclose a copy of a specimen of signature or in case of local governments the copy of a bank signature card.

Contact information	Name	Phone number	E-mail address
Regarding to contract:			
Regarding to invoicing:			
Regarding to technical issues:			

Payment information	
Payment method:	<input type="checkbox"/> remittance <input type="checkbox"/> direct debit
Payment frequency:	<input type="checkbox"/> monthly <input type="checkbox"/> half yearly <input type="checkbox"/> yearly
Invoicing method:	<input type="checkbox"/> e-invoice <input type="checkbox"/> invoice issued by remote printing
E-mail address to receive e-invoice:	

E-bills are issued at "E-számla" portal. If I am already a user of the portal, I agree to overwrite my registered e-mail address with the above address if they are different from each other.

Service information:	
Establishment address of required service(s):	
Tariff package:	
Contract period:	
Net monthly fee:	

Fix public IP address	<input type="checkbox"/> yes <input type="checkbox"/> no
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Telephone subscription	<input type="checkbox"/> yes <input type="checkbox"/> no
Tariff package:	<input type="checkbox"/> AirTel Normal <input type="checkbox"/> AirTel Premium <input type="checkbox"/> AirTel XL <input type="checkbox"/> Special
Terminal type:	<input type="checkbox"/> I don't have a device, I want an IP phone
Additional phone number(s):	<input type="checkbox"/> I have an analog set – number of handsets: _____ piece(s)
	<input type="checkbox"/> I request telephone exchange service
	<input type="checkbox"/> I have an analog telephone exchange service - number of ports: _____ piece(s)
	<input type="checkbox"/> I have an IP based telephone exchange service - SIP Trunk _____ piece(s)
	In case of SIP Trunk demand:
MAC address of device to be connected:	_____
Need for registration / authentication:	<input type="checkbox"/> yes <input type="checkbox"/> no
Telephone subscription	_____ piece(s)
Tariff package:	<input type="checkbox"/> yes <input type="checkbox"/> no

Phone number(s) to transfer

When you intend to transfer phone number(s) please send back with this document a scanned copy of a phone bill as well.