



Customer Information Form #() (Server ID :)

This form supercedes all previous forms. Information in this form is latest and most accurate.

Date :

Company Name :	_____		
Company Address :	_____		
Customer Name :	_____	Email Address :	_____
Contact Number :	_____	Fax Number :	_____

Contract Number :	_____	Service Activation Date :	_____
Type of Service :	Dedicated / Colocation	Contract Expiry Date :	_____
Sales Manager :	_____	Engineer :	_____

Network and Routing Information

IP Address Assignment :	_____
Netmask :	_____
Default Gateway :	_____

Customer Escalation Contact Information

1. Name :	_____	NRIC / Passport No :	_____
Contact No :	_____	Fax No :	_____
Mobile No :	_____	Email Address :	_____
2. Name :	_____	NRIC / Passport No :	_____
Contact No :	_____	Fax No :	_____
Mobile No :	_____	Email Address :	_____
3. Name :	_____	NRIC / Passport No :	_____
Contact No :	_____	Fax No :	_____
Mobile No :	_____	Email Address :	_____
4. Name :	_____	NRIC / Passport No :	_____
Contact No :	_____	Fax No :	_____
Mobile No :	_____	Email Address :	_____
5. Name :	_____	NRIC / Passport No :	_____
Contact No :	_____	Fax No :	_____
Mobile No :	_____	Email Address :	_____



1) SMS Alert Service (Dedicated Server and Colocation Customers Only) – Optional

(This opt-in service is only applicable to servers hosted at Webvisions' Singapore Internet data center)

Webvisions offers SMS (Short Messaging Service) alerting service strictly to a maximum of two (2) designated mobile phones per customer contract for the purpose of notifying customer of incidents where server(s) are not reachable by our network monitoring system. Such incidents may include server outage, server overloaded and dedicated firewall failure.

Disclaimer: Webvisions is not responsible for any false alarms/alerts generated from this service. Messages sent through Webvisions' SMS gateway do not necessarily constitute valid receipt of such messages on customer's mobile phone(s). Webvisions is not liable for any damages or malfunctioning of customer's mobile handsets through such a service. SMS alerts are to complement and not to replace our email alert notifications. The customer is advised to gather details of the alerts through our email notifications. Please update Webvisions of any changes in name list and the corresponding mobile phone numbers if necessary.

	Name (Must be name in customer escalation contact list on this form)	Designation	Mobile Phone Number	Signature
1.				
2.				

2) Summary of Services

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	

3) Software Inventory Details

	Software Title	License Key		Software Title	License Key
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		

4) Server / Hardware Details

	Description	Serial Number	Qty	Remark
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



**5) Customer Authorized Personnel for Entry Access to Webvisions Data Centre
(for Colocation Customer Only)**

Name : _____
 Company : _____
 Designation : _____
 NRIC / PP : _____
 Contact No. : _____
 Mobile No. : _____
 Fax No. : _____
 Email Add : _____
 Signature : _____

**Please adhere your
photo here with
Company Stamp**

Please indicate Access Level

<input type="checkbox"/> Office Hrs Access (10 am – 7 pm)	<input type="checkbox"/> After Office Hrs Access (7 pm – 10 am)	<input type="checkbox"/> Full 24 Hrs Access
---	---	---

Name : _____
 Company : _____
 Designation : _____
 NRIC / PP : _____
 Contact No. : _____
 Mobile No. : _____
 Fax No. : _____
 Email Add : _____
 Signature : _____

**Please adhere your
photo here with
Company Stamp**

Please indicate Access Level

<input type="checkbox"/> Office Hrs Access (10 am – 7 pm)	<input type="checkbox"/> After Office Hrs Access (7 pm – 10 am)	<input type="checkbox"/> Full 24 Hrs Access
---	---	---

Name : _____
 Company : _____
 Designation : _____
 NRIC / PP : _____
 Contact No. : _____
 Mobile No. : _____
 Fax No. : _____
 Email Add : _____
 Signature : _____

**Please adhere your
photo here with
Company Stamp**

Please indicate Access Level

<input type="checkbox"/> Office Hrs Access (10 am – 7 pm)	<input type="checkbox"/> After Office Hrs Access (7 pm – 10 am)	<input type="checkbox"/> Full 24 Hrs Access
---	---	---



webvisions

Webvisions Pte Ltd

75 Science Park Drive, #02-06/07

Cintech II, Singapore Science Park I

Singapore 118255

Tel: +65-67739388 Fax: +65-67739389

<http://www.webvisions.com>

Name : _____
 Company : _____
 Designation : _____
 NRIC / PP : _____
 Contact No. : _____
 Mobile No. : _____
 Fax No. : _____
 Email Add : _____
 Signature : _____

**Please adhere your
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---	---	---

Verified by Customer :

Name : _____ Contact No. : _____
 NRIC : _____ Signature : _____
 Date : _____ Company Stamp : _____

Remarks (if any): _____

DISCLAIMER : The information found on this form is intended for confidential and privileged use only. Unauthorized use, disclosure or reproduction is strictly prohibited, and unlawful.

For faster processing, fax back to Webvisions @ +65-6773-9389 Attention: Ms Nisha Chand, Sales Engineer.

For Webvisions use only :

Operations Department:		Signature:		Date:	
Sales Department:		Signature:		Date:	