

Carrier Services *eircom* Order Request

OAO:		Order Date:	
OAO order reference:		Order placed by:	
OAO contact tel. No.		OAO account number:	
Quote Ref No:		OAO contact email:	

Services Required					
Provision of new service		Cessation of existing service			
Relocation					
Upgrade of existing service					
Downgrade of existing service					
Category	Service	Capacity	Quantity	Presentation	Date Required – as per SLA
1	Digital Circuits				
	N x 64kbit/s			X.21 <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/> V.35 <input type="checkbox"/> (non-standard)	
	2Mbit/s Framed			X.21 <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/> V.35 <input type="checkbox"/> (non-standard)	
	2Mbit/s Unframed			G.703,BNC <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/>	
	34Mbit/s			G.703,BNC <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/>	
	45Mbit/s			G.703,BNC <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/>	
	STM-1			Project Managed	
	STM-4			Project Managed	
2	New channelised 2M circuit			G.703,BNC <input type="checkbox"/> (Default) G.703,RJ45 <input type="checkbox"/>	
	Add to existing channelised circuit	<ul style="list-style-type: none"> - List cct. Number(s) (incl. ccts(s) to be added, main cct. Numbers and time slot(s) to be used) in “Specific Requirements” below. - If a bearer exists at both ends (not usually the case) list cct. Numbers in “Specific Requirements” below. 			
Category	Service	Existing Capacity	Required capacity	Upgrade/Downgrade From Circuit ID	Date required as per SLA
1	Upgrade/Downgrade				
1	Relocation	Circuit Number	Which End (A or B*)?		



Circuit Connection Information

A-end Information
Contact Name: Telephone no. Fax no. Address:
<i>eircom</i> telephone number (if different from above):* This information is required to identify the local exchange in which the lines are connected.

B-end Information
Contact Name: Telephone no. Fax no. Address:
<i>eircom</i> telephone number (if different from above):* This information is required to identify the local exchange in which the lines are connected.

Specific Requirements
Remarks:

OAo Billing Address
Contact Name: Address:

- Please note by placing this order you are agreeing to be bound by the Wholesale National Leased Line Terms and Conditions as published on www.eircomwholesale.ie as may be updated from time to time.
- Thank you for your order – please send to wholesale@eircom.ie
- File name should be in the following format:
“ORDER-[OAo NAME]-[CIRCUIT TYPE]-[OAo REF]-[DATE]”