



# MVT SMARTCARE® SERVICE ORDER FORM



Your product must be registered before your services are activated.

(FOR MVT COMMUNICATIONS PLC. USE ONLY)

Contract Number:	Effective Date:
Smartcare Service Type:	Expiry Date:

CUSTOMER DETAILS	
Company Name:	Contact Person:
Address:	Tel:
	Fax:
Province:	Email:
Smartcare Service Type:	Length of Coverage:

MVT PARTNER DETAILS	
Company Name:	Contact Person:
Tel:	Mobile:
Fax:	Email:

PRODUCT INFORMATION		
From Whom Purchased:		
*Model:	Serial No.:	Installation Site Address:

PRODUCT CHECKLIST TEST PERFORMANCE INFORMATION			
FOR MVT Technical Assistant Center (MTAC) USE ONLY:			
*Model:	Serial No. :	Hardware Test :	Software Test :

\*Modules need to be stated separately to ensure cover , \*QP = Qualify Pass , UQ = Unqualified

PLEASE READ CAREFULLY THE TERMS & CONDITIONS OVERLEAF AND COMPLETE ALL LINE AND FAX TO MVT Smartcare Service Center 0-2993-7903.

AGREED BY CUSTOMER:

ACCEPTED BY MVT COMMUNICATIONS PLC:

Name:  
Title:  
Date:

Name:  
Title:  
Date: