

Bit Stream Access order form

Customer account no.: _____ Company name: _____

The following is hereby ordered in accordance with current terms:

Setup Move address (Circuit no.): _____

Service change (Circuit no.): _____

Termination (Circuit no.): _____ Preferred Action date: _____

(if different from standard date)

Bit Stream Access Speed

Asymmetrical BSA

5/1 Mbit/s

10/2 Mbit/s

30/5 Mbit/s

40/10 Mbit/s

100/20 Mbit/s

Symmetrical BSA

BSA Line 2/2 Mbit/s

BSA Line 4/4 Mbit/s

BSA Line 6/6 Mbit/s

BSA Line 8/8 Mbit/s

BSA Line 10/10 Mbit/s

BSA Line 20/20Mbit/s

BSA Line 30/30 Mbit/s

BSA Line 50/50 Mbit/s

BSA Line 100/100 Mbit/s

BSA Line 1/1 Gbit/s

Service User Installation address:

Company/Name - Service User: _____ Phone no.: _____

Street: _____ City: _____

B.no.: _____ Apart. no.: _____ Staircase: _____ Zipcode: _____

Service Taker Implementation Manager:

Name: _____

Contact phone no.: _____ Contact e-mail: _____

Service Takers signature:

Please write name in capital letters

Name: _____

Date: _____ Signature: _____

For use by licensed Service Takers only

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