

Request Form:	New Account Request		
Country Code	AE	SUBMIT Request	
Date requested	1-Jun-16		
<small>To be used only for non-COMET managed accounts Click on "Submit Request" button to create standard email subject</small>			
GRE COUNTRIES		NON - GRE COUNTRIES	
Activity Type	Create Account	Outbound Contract Code	
Activation ID		Inbound Contract Code	
<small>In case of a Special rate, please attach it to this form.</small>			
Date Account Opened	1-Jun-16	Contract End Date	
		GSFA ID.	
Account Number:	<i>to be provided only for generic account</i>		
Account Name: *			
Account Type :	Regular - A		
Customer Address			
Account Name:*		SPT ID *	
Address 1:*		Owner Station: *	
Address 2 *		Sales Territory Code:*	
City : *	Port Vila	Route Code:*	
State / Prvnc / Country : *	Vanuatu	Parent Account :	
Zipcode / Po BoX Number : *	PO Box	Site ID :	
Customer Tax Reg Number :		Major Account Code:	
Customer Tax Reg Number2 :		Account Group Code:	
Contact Name: *		Report grouping code :	
Telephone Number : *		Sales Industry Code:	
Fax Number :		Local Segment Code:	
Telx :		Region Segment Code :	
E-mail address :		Account Segment Code:	
Billing Address (if different than customer address)			
Customer Name:		Network Industry code :	
Address 1 :		Local Industry code :	
Address 2		Debtor Type :	
City :		Payment Terms	
State / Prvnc / Country:		GCS Flag :	
Zipcode:		Invoice Hard Copy :	
Contact Name:		OB Override Currency :	
Telephone Number:		IB Override Currency :	
Fax Number:			
E-mail address :			
Pick-up Address (if different than customer address)			
Customer Name:		Outbound Billing Cycle	<i>/f different from default</i>
Address 1 :		Inbound Billing Cycle	<i>/f different from default</i>
Address 2		Payment Term	<i>/f different from default</i>
City :			
State / Prvnc / Country:			
Zipcode:			
Contact Name:			
Telephone Number:			
Fax Number:			
E-mail address :			
Monthly Shipping Profile			
Value Added Services			
SPECIAL NOTES:			
Territory manager:	_____	Signature:	Date:
Sales Administrator:	_____	Signature:	Date:
Customer Accounting Manager:	_____	Signature:	Date:
Sales Manager:	_____	Signature:	Date:
Billing Manager:	_____	Signature:	Date:

Cash - C Create Account
Regular - A
Occasional -S
FOC - Q

SD