

# WIRELESS APPLICATION FORM



**FOX WIRELESS**

Wireless Internet  
Dedicated Wireless VPN

## Customer Information:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Primary Contact Number:	<input type="text"/>
Secondary Contact Number:	<input type="text"/>

## Service Address

Street Number:	<input type="text"/>
Street Name:	<input type="text"/>
City:	<input type="text"/>
Postal Code	<input type="text"/>
E-mail Address:	<input type="text"/>

## Postal Address

Box Number:	<input type="text"/>
City:	<input type="text"/>
Postal Code:	<input type="text"/>

## Account Information

Invoicee:	<input type="text"/>
VAT number:	<input type="text"/>
Package:	<input type="text"/>
Authorised Person/s:	<input type="text"/>

## Login Details for Usage (172.77.7.13/user)

Username:	<input type="text" value="cmw_fox_"/>
Password:	<input type="text"/>

## Confirmation of Application

Customer Signature:	<input type="text"/>
Date:	<input type="text"/>