

# ADVASCAN SERVICE Order Form



Use this form to sign-up for your no commitment, FREE TRIAL of the ADVASCAN SERVICE. Stop viruses and spam from reaching your business network.

## Section 1: Service Order Details

TYPE OF SERVICE: ADVASCAN SERVICE Standard trial.

Standard

Number of emailboxes to be protected (for PassThru mode enter approximate number of users).

DOMAIN: details of the primary domain to be protected by the ADVASCAN SERVICE.

Domain Name

Domain IP Address (mail server for inbound email)

IP Address of your outbound SMTP mailserver

PRICE and PAYMENT TERMS: (or ADVASCAN SERVICE Quotation Reference):

## Section 2: Customer Details

Company / Organisation Name

Main Address

Postcode

Main Telephone Number

## Section 3: Administrator Contact Details

Please supply the details requested for the person who will be responsible for administration of the ADVASCAN SERVICE within your organisation.

Administrator Contact Name

Contact Title

Contact Phone Number

Contact Mobile Phone Number

Contact Fax Number

Contact Email Address

## Section 4: Other Information

Name of Current ISP (responsible for domain MX records)

If known: Is Customer currently using a firewall? (delete as appropriate)

Yes / No

If Yes: Make

Model / Version

## Section 5: Special Conditions

Comments or Special Terms (if any)

NO COMMITMENT 14 DAY TRIAL.  
Customer may CANCEL ORDER at any time during trial period with no penalty

## Section 6: Agreement by Customer

I hereby order the ADVASCAN SERVICE in accordance with the details provided above. I have read, understand and accept the Terms and Conditions of Supply of the ADVASCAN SERVICE. I am authorised to sign this Order on behalf of the organisation given in Section 2 above.

Signed

Date

Name & Position

Customer Purchase Order Number / Reference, if any

**Please return to your ADVASCAN SERVICE representative.**

Standard Terms and Conditions of Supply of the ADVASCAN SERVICE are available at [www.advscan.com](http://www.advscan.com).