



Orderform

Numberporting			
New order <input type="checkbox"/>	Changes <input type="checkbox"/>	Relocation <input type="checkbox"/>	Termination <input type="checkbox"/>
If Changes, Relocation or Termination need customer ID:			

Customer Name:	Contact person:
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End customer name:	Organization number
Contact person:	e-mail:

Wishes porting date:
Wishes porting time: between 08.00 – 16.00 working days

Main number	Number or first number in numberranch	Last number in numberranch

Notes:

Signature	
Place, date:	Signature: