

**Customer Signature** 

Manager

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		<u>Castonici</u>	minormati	<u> </u>		
Name	Consumer Business					
Address			Network			
			_ Handset _			
Number			Spend			
			Usage			
Notes / Require			Po	ostcode <sub>-</sub> igible ffer	OGI YES	NO
Devicecover		YES _ Per month	NO Excess	Y	'ES	NO
Network Connection Coverage Check		Additional Line				
Plan Minutes Text Data Spend cap Handset		2G			2G	
iviontnly Cost				.		/

**Date**