



Request No. : _____

Application Form of Firewall Service

**(Please attach this form with a Network Diagram)*

Company Information

Company Name _____	Customer Code _____
Contact Person _____	E-mail Address _____
Tel _____	Fax _____

Details of Firewall Service Requisition:

IP address request	
Firewall Service	

No.	Source (IP subnet, Host & mask)	Destination (IP subnet, Host & mask)	Services (e.g. http, ftp, smtp)	Action (accept, reject, drop)
1*	Any	Firewall	Any	drop
e.g.	202.85.149.0 mask 255.255.255.0	Web-server	telnet	accept
	Any	Web-server	http	accept

Please fill in your required rules below:				
2				
3				
4				
5				
6				
7				
8				
9				
Last*	Any	Any	Any	drop

*Default Rule Base:

First Rule: No communication is allowed to the firewall gateway (except for Firewall control connections).

Last Rule: The firewall will drop all other traffic.

Authorized Signature / Company Chop : _____

*Please fax back or email to our Customer Service Department
Hotline: (852) 2208 8822 Fax No. (852) 2505 8047 Email:net cs@iadvantage.net*