



Service Request Form

Date: _____

Company Information

Company Name: _____	Customer Code: _____
Requested by: Name: _____	
Email: _____	Tel: _____

Request of Service(s)

<input type="checkbox"/>	Email Storage Service Please specify the following Domain Name: _____ Existing IP Range: _____																				
<input type="checkbox"/>	Domain Registration / Transfer In (please attach a Domain Name Registration Form)																				
<input type="checkbox"/>	DNS Registration <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Host Name(s)</th> <th style="width: 25%;">IP Address / Real Name (For CNAME record)</th> <th style="width: 25%;">MX Priority (N/A, 10, 50, 100)</th> <th style="width: 25%;">Record Type (A, MX, CNAME, NS, PTR)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Host Name(s)	IP Address / Real Name (For CNAME record)	MX Priority (N/A, 10, 50, 100)	Record Type (A, MX, CNAME, NS, PTR)																
Host Name(s)	IP Address / Real Name (For CNAME record)	MX Priority (N/A, 10, 50, 100)	Record Type (A, MX, CNAME, NS, PTR)																		
<input type="checkbox"/>	Email Server Standby / Backup Mail Server Service Please specify the following Domain Name : _____ IP address of primary mail server : _____																				
<input type="checkbox"/>	Network Migration Please specify whether your company has:- In-house mail server <input type="checkbox"/> In-house web server <input type="checkbox"/> In-house ftp server <input type="checkbox"/> Other, (please specify) _____																				
<input type="checkbox"/>	NAT (Network Address Translation) Please specify the following and attach <u>a network diagram</u> Subnet address of customer's LAN (virtual IP): _____ Subnet mask of customer's LAN (virtual IP): _____ Router IP (virtual IP): _____ Outside Router IP (real IP): _____ Outside IP range (real IP): _____ Web server in customer's LAN: real IP _____ virtual IP: _____ Mail server in customer's LAN: real IP _____ virtual IP: _____																				
<input type="checkbox"/>	Network Traffic Report (MRTG)																				
<input type="checkbox"/>	Others (please specify) _____																				

Authorized Signature / Company Chop: _____

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