

Customer IP Application/RIPE Form

All fields must be completed or form will be returned leading to unavoidable delays.

The information required on this form is required by the RIPE organisation as per their terms and conditions. www.ripe.net

This form can be returned by:

Fax: 1800 652 535

Email: business.solutions@eircom.net

Post: Eircomnet Renewals, 5th Floor, Telephone House, Marlborough St, Dublin

Company Information:

1. What type of internet access do you use?

Dial up Broadband Leased Line Other

2. What industry sector is your company in?

3. What product or service does your company provide in that industry?

4. How many employees do your company?

5. How many offices does your company have?

6. Where are your offices located?

8. DSL phone number: _____

Administrative Contact (must be someone physically located at site)

Company Name: _____

Contact Name: _____

Site Address: _____

Site Phone (must include Int code): _____

Site Fax (must include Int code): _____

Contact Email: _____

Technical Contact (If different from administrative contact):

Company Name: _____

Contact Name: _____

Company Address: _____

Business Phone (must include Int code): _____

Business Fax (must include Int code): _____

E-mail: _____

