Orderform

|  |  |  |  |
| --- | --- | --- | --- |
| **Numberporting** | | | |
| New order | Changes | Relocation | Termination |
| If Changes, Relocation or Termination need customer ID: | | | |

|  |  |
| --- | --- |
| Customer Name: | Contact person: |

|  |  |
| --- | --- |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

## Notes:

|  |  |  |
| --- | --- | --- |
| **Signature** | | |
|  |  |  |
| Place, date: |  | Signatur: |