



aeromax Service Application

Fax +34.902.347.329 Postal Mail aeromax - Apdo. Correos, 368 - 03330 Crevillent (Alicante) - España

1 Customer

Company / Name _____
 Street / Urb., Nr. _____
 Post Code, City _____
 Phone _____
 Mobile Phone _____
 Fax _____
 eMail _____
 NIE / Passport _____

2 Contact Person

Name / Surname _____
 Position / Dept. _____
 Phone _____
 Mobile Phone _____
 eMail _____

3 Invoice Address

same as Client []

Company / Name _____
 Street / Urb., Nr. _____
 Post Code, City _____
 NIE / Passport _____

4 Selection of the aeromax product

[] aeromax fun
 [] aeromax relax 1
 [] aeromax relax 3
 [] International FlatRate
 [] CountrySelect: _____
 International FlatRate & CountrySelect valid for fun & relax 1 / 3
 [] aeromax open [] 8 [] 10 () SR () UC
 [] aeromax surf [] 1 [] 2 [] 3 [] 5
 [] aeromax pro [] 1 [] 2
 [] Additional phone numbers _____ [quantity]
 [] Delivery wished at date _____ . _____ . 20_____
 The minimum delivery time is as of one to two weeks.
 [] The installation will be done by myself
 [] I opt for the minimum contract period of [] 12 [] 24 months

5 Recommendation

I have been recommended by the following aeromax client:

Complete name, phone number and/or client number of aeromax client

6 Detailed Calls Statement (DCS)

If nothing selected, it will be assumed, that you don't wish any DCS.

- () DCS with entire phone number wished
 The entire phone number, you called to, will be displayed on the DCS
 () DCS with shortened phone number wished
 The last four (4) digits of the phone number, you called to, will be "asterisked"
 () DCS not wished
 () DCS wished on electronical way (eMail)
 () DCS wished by postal mail (has additional cost)

7 Payment Method and Contract Acceptance

Authorization of direct debit and credit card payment

Herewith I authorize Marin Telecom, S.L.U. (CIF/Sufijo: B-53875753/000) to initiate orders for the payment of every invoice of this service from my deposit / credit card account indicated below. If the account to get the money from is not covered, or if payment of the invoice is rejected by my financial institution for any other reason, I will commit myself to pay this debt entirely and immediately. Extra charges for the unpaid invoice will be originated and service of aeromax will be blocked temporarily until payment of all debts with aeromax. If direct debit is selected, there won't be reiterated chargings of a rejected payment or partial chargings; I will inform my financial institution of this authorization for direct debit, if this payment method has been selected.

- () By Direct Debit (without additional cost)

Account Holder

Bank

ES _____
IBAN Account Number

- () By Credit Card (has additional cost)

Card Holder
 [] VISA [] MasterCard [] AMEX
Card Type

Card Number
 _____ / _____
Valid until

Contract Conditions

The client grants Marin Telecom, S.L.U. (aeromax) - Apdo. de Correos, 368 - 03330 Crevillent (Alicante) the provision of the service "Broadband Internet and Telephone by WiMAX" according to the data of this service application form. The terms and conditions for provision of telecommunications services of data and voicedata, the Contract Surety Bond, the particular conditions (information annexes), the standard price lists and the price lists for additional services, additional products and options and the phone call tariff lists - all of them valid at the day of signing this service application form - set out the entire agreement for the provision of the aeromax service. There is no minimum contract duration period, if not specified in another way within the selection of the aeromax product. Cancellation of contract has to be notified by certified mail, with at least 30 days of anticipation to the next month's end. The contract materializes itself with the beginning of provision/delivery of the service by aeromax.

_____. _____ . _____ . 20_____
Place, Date

Signature