

# MP9000 Site Information Form

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SITE NAME and ADDRESS (As setup under MP9000 Company Setup) :

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SITE CODE (Right bottom corner of the screen) : \_\_\_\_\_

VAT NO : \_\_\_\_\_

PHYSICAL ADDRESS :

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POSTAL ADDRESS (FOR INVOICING PURPOSES) :

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CONTACT PERSON(S) and CELL No's :

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SITE TELEPHONE NUMBER : \_\_\_\_\_

FAX NUMBER : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

TYPE OF INTERNET CONNECTION eg (3G, ADSL etc) : \_\_\_\_\_

TEAMVIEWER CODE

PASSWORD

MACHINE DESIGNATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please let the site owner sign to confirm that he or she is aware of the yearly registration fees as well as that teamviewer support is chargeable. Registration fees only cover telephonic support and available free upgrades on the MP9000 system.

Customer Name : \_\_\_\_\_

Signature : \_\_\_\_\_

This form was completed by \_\_\_\_\_ on this day (dd/mm/yyyy)

\_\_\_/\_\_\_/\_\_\_\_\_

Representative Signature

\_\_\_\_\_