



RELOCATION FORM

CUSTOMER TO COMPLETE

Date:

Name:

Account Number:

Contact Number:

I wish to have my Fastcom System Relocated From my Old Address:

To my New Address:

I am moving on the ___/___/___

Contact Numbers: Home Mobile

Email Address:

I AM AWARE THAT A CHARGE OF €50.00 WILL APPLY TO THIS RELOCATION AND MUST BE PAID PRIOR TO RELOCATION

Signature: _____ Date: _____

Fastcom will not accept any liability if the new location is a no signal

Please note: A minimum 12 month contract applies to this application

OFFICE USE ONLY

Received: ___/___/___

Completed: _____