

Service Application Form

Please fill in this form completely and submit to: customer.support@stratosglobal.com

Version: July. 2013

Please note that this form is to order Inmarsat Maritime Operations services only

Customer Details (*indicates mandatory field)	
Company/Customer Name*	
Company Address* Street Zip code City Country	
Contact Person name * Email Address* Office Phone* Mobile Phone* Fax:*	
Invoice address (if different from above)* Street Zip code City Country	
Invoice reference / Purchase Order number	
Name and Phone number of Inmarsat Sales Manager/Sales Support Manager :	

Vessel Details	
Vessel Name*	
Vessel email Address * Vessel Voice Number* <i>Please ensure that email address can be reached by Inmarsat employees (whitelist)</i>	
Contact details for Person authorized to approve changes to the scope of work that may increase cost: <i>(Name, phone number, email)*</i>	

Requested Services*

<input type="checkbox"/> repair of FBB terminal <input type="checkbox"/> repair of AmosConnect <input type="checkbox"/> repair of GSM Oceanwide <input type="checkbox"/> repair of Infinity	Manufacturer: <input style="width: 100%;" type="text"/> Type: <input style="width: 100%;" type="text"/> Serial number: <input style="width: 100%;" type="text"/> IMEI (simcard): <input style="width: 100%;" type="text"/> PostOffice ID: <input style="width: 100%;" type="text"/>
Reported issue: <i>Please provide as much information as possible, including error messages and symptoms</i>	

Installation & Service Rates

Rates:	Normal hours	(Mon to Fri 0800h to 1800h)	USD160 per hour
	Overtime	(Mon to Fri 1800h to 0800h)	USD210 per hour
	Weekend	(Fri 1800h to Mon 0800h)	USD210 per hour
	Local Public Holiday	(Mon to Sun)	USD210 per hour
	Waiting and travel time	(Mon to Sun)	USD110 per hour
	Minimum 4 hours		
	Rates are exclusive of VAT, Agent or harbor fees, Launch boat, mileage, Travel and Lodging		

Customer and Payment Acceptance: (Mandatory - Must be signed by Customer)

By signing below, I hereby certify that I am an authorized representative of the company ("Customer") and I agree that an electronic or facsimile copy of this form will be valid and binding for all purposes. By signing below, I agree that I will remit payment for the Services and/or Equipment to Inmarsat as specified on the invoice. I understand that Inmarsat activation of the Services and/or Equipment on this form is contingent upon Inmarsat satisfaction with the credit review, and that Inmarsat may terminate Services and/or Equipment without further notice within thirty (30) days of this form if Inmarsat is not satisfied with my credit. I further understand that the Services and/or Equipment requested herein shall be provided by Inmarsat pursuant to the "EQUIPMENT AND TELECOMMUNICATIONS SERVICES AGREEMENT", the Pricing Terms as well as to the applicable "TERMS AND CONDITIONS" posted on Inmarsat website at www.inmarsat.com (collectively, "Terms") and at the prices provided to Customer by Inmarsat ("Prices"). Customer agrees to be bound by the Terms and Prices (each as amended by Inmarsat from time to time) applicable at the time of provision of Services and/or Equipment, unless Customer enters into a separate written agreement with Inmarsat, executed by both parties, for the Services and/or Equipment (in which case Customer's use of the Services and/or Equipment shall be subject to the terms and conditions, including price(s), contained in such agreement). Customer has been provided ample opportunity to review the Terms. Customer takes particular notice that the Terms include specific clauses including, but not limited to: (A) LIMITATION OF LIABILITY; (B) LIMITATION OF IMPLIED OR STATUTORY WARRANTIES; AND (C) INDEMNITY, HOLD HARMLESS, AND DEFENSE OF THE PARTIES, and certifies that such clauses have been brought to Customer's attention.

Signature <div style="border: 1px solid black; height: 40px;"></div>	Print Name <div style="border: 1px solid black; height: 40px;"></div>
Date <input style="width: 90%;" type="text"/>	

Addendum A: Port Details

Next Port

Port details

Country:

City:

ETA:

ETD :

Dockside Anchorage

Agent's information

Please provide Company name, address, contact person details(name, phone, email)

Additional notes E.g. Specific instructions, boarding instructions, trading route, etc

Alternative Port

Port details

Country:

City:

ETA:

ETD :

Dockside Anchorage

Agent's information

Please provide Company name, address, contact person details(name, phone, email)

Additional notes E.g. Specific instructions, boarding instructions, trading route, etc