

## **Relocation form**

## Important notes

- Please fill out this form for the timely availability of all your green.ch products at their new address and for updating your billing address. We will do the rest for you.
- Please send this form at least 30 days before your departure to the new address.

## **Customer data**

Mister	Miss	Company			
Company Nar	me				
First name, Surname					
Street, No.					
Post-Box					
Post code, to	wn				
Phone					
Fax					
E-Mail					
Customer ID					
New Adre	SS				
Strasse, Nr.					
Post-Box					
Post code, to	wn				
Billing address					
Please complete if it does not match with the address above					



## Please choose

	The previous tenant had already	internet via the telephone line		
	his name was:			
	his line number was:			
	At the new location, the optical available, the OTO-ID of the optical outlet fiber is:			
	At the new location, the optical f there is no optical cable outlet f	iber is available, but in the apartment iber installed.		
	I have no information about the	previous tenant.		
	I do not know if the optical fibe	r is available. Please check what is available.		
Please	e fill in the desired relocation dat	e:		
	Please take over my services without change			
	I would like a personal consultat	cion (call back) for a check of available services at the new location		
Place,	, Date	Signature / Company seal		