Inmarsat Customer Application Form

# CUSTOMER INFORMATION

|  |  |
| --- | --- |
| Full Legal Name of Company / Entity (“Customer”) |       |
| Parent Company Name (if applicable) |       |
| Address | Street |       | Building No |       |
| Town / City |       | Postal / Zip Code |       |
| Region/State |       |
| Country |       |
| Company Registration Number: |       |
| VAT Registration Number: |       |
| DUNS Number: |  |
| Number of Years in Business: |       |

# Customer Billing and Operational Contact Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chief Financial Officer | Name |       | Email |       |
| Billing Contact | Name |       | Email |       |
|  |  Position |       | Telephone |       |
| Invoice Email Address - Generic |       |
| Operational Contact | Name  |       | Email  |       |
|  |  Position |       | Telephone |       |

# Industry Credit References

|  |  |
| --- | --- |
| Company Name |       |
| Contact Name |       |
| Telephone Number |       |  Email |       |
| Company Name |       |
| Contact Name |       |
| Telephone Number |       |  Email |       |

# Current or Previous Satellite Communications Provider

|  |  |
| --- | --- |
| Company Name |       |
| Company Name |       |

# Customer Financials

Current Audited Company Financials: **Mandatory** requirement to accompany this Application form

|  |  |
| --- | --- |
| External Auditor Details  |       |
| Name |       | Telephone |       |
| Email  |       |
| Company Sales Payment Terms to “End Users” |       |
| Desired Credit Limit (Mandatory) |       |

# Customer Acceptance

By signing below, I hereby certify that I am an authorized representative of Customer, the information provided in this application is correct and an electronic or facsimile copy of this form will be valid and binding for all purposes. In order to assist Inmarsat (including its affiliates) in establishing a line of credit, Customer authorizes (i) the referees listed in this form to release information requested by Inmarsat, and (ii) Inmarsat to obtain credit reports and other documentation from third parties. Customer agrees that Inmarsat’s acceptance of this application is contingent upon Inmarsat’s satisfaction with the credit review, and that Inmarsat may suspend or terminate the supply of services and/or equipment if it is not satisfied with Customer’s credit. Customer further agrees that the services and/or equipment requested from Inmarsat shall be provided pursuant to the applicable terms and conditions available at www.inmarsat.com/terms-and-conditions as well as on any Inmarsat order form accepted by Inmarsat (“**Terms**”) and at the prices notified to Customer by Inmarsat (“**Prices**”), provided that in the event that Inmarsat enters into a separate written agreement with Customer for the supply of the services and/or equipment, it shall supersede the online terms. By signing below, Customer agrees to be bound by the Prices and Terms (each as amended by Inmarsat from time to time).

Authorized Representative Name (please print):

Authorized Representative Position (please print):

Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:

Email Address:

Date (dd/mm/yy): Click here to enter a date.