



IRIDIUM® SERVICE ACTIVATION REQUEST

Please return to I-LINX: Attn. Sales Department

Sales Contact, if known: _____

This form is used to register and activate your Iridium Satellite Equipment and SIM Card for service with I-LINX USA, INC. (hereinafter referred to as "I-LINX"). Customers are required to fill out ONLY the information pertaining to their chosen service options in Section A, B, D and E and fax it back to I-LINX, LLC. Upon activation, I-LINX will assign customers with numbers for the various services they have requested and insert them in section C of this form. I-LINX will then fax this completed form back to the customer. All new Customers must submit a completed Subscriber Credit Application and agree to be bound by the I-LINX terms and conditions governing Iridium service. The Subscriber Credit Application is available from your authorized I-LINX reseller or by contacting your I-LINX Account Manager. Customers transferring their account to a new SIM card agree that they are responsible for any charges incurred on their previous account for up to 12 months. Service activation requests for new customers that do not have an attached Subscriber Credit Application will be returned to the customer.

Please Print Clearly & Complete All Sections That Apply

Section A: CUSTOMER INFORMATION	
Name: _____	Date: _____
Company Name (if applicable): _____	Telephone: _____
Address: _____	Fax: _____

IRIDIUM WORLD SATELLITE SERVICE INFORMATION (To be completed by customer if applicable)	
IMEI (phone's serial #): _____ (15-digit serial # located on handset's package)	SIM Serial Number: _____ (19-digit serial number on reverse side of SIM Card)

SECTION B: SELECTED IRIDIUM SERVICE RATE PLAN (Must be completed by customer)	
I-LINX Basic Post Paid Plan X	Additional Services:
I-LINX Basic Pre-Paid Paid Plan	
Pre-paid (500min e-voucher) <input type="checkbox"/>	'Add 50 min e-voucher' <input type="checkbox"/>
75-min e-voucher <input type="checkbox"/>	'Add expiry e-voucher' <input type="checkbox"/>
3KPP package (3000 min) <input type="checkbox"/>	
5KPP package (5000 min) <input type="checkbox"/>	Voice Mail Service <input type="checkbox"/>

SECTION C: ASSIGNED IRIDIUM SERVICE NUMBERS (To be completed by I-LINX)	
Iridium Satellite Service Phone #: _____	
Iridium Page Service Phone #: (Stand Alone): _____	
Follow Me Paging Service Phone #: (Optional): _____	
Personal Identification Number (PIN): _____	
Iridium Voicemail Number: _____ Last 7 digits of phone number	
(Once you are ready to use the Iridium handset, the instructions in the display window will prompt you for your PIN. Simply enter this number when prompted and then you can proceed to use the phone)	

SECTION D: CUSTOMER SERVICE ACCEPTANCE (Must be completed by customer)	
I understand and agree to pay all traffic charges and monthly fees associated with this account. I also understand that delinquent payments will result in finance charges of 1.5% and may also result in the deactivation of my account.	
Customer Signature: _____	

SECTION E: CUSTOMER VERTICAL MARKET (Must be completed by customer)					
International Development <input type="checkbox"/>	Gas <input type="checkbox"/>	Construction <input type="checkbox"/>			
Marine Recreational <input type="checkbox"/>	Aviation <input type="checkbox"/>	Forestry <input type="checkbox"/>			
Government <input type="checkbox"/>	Disaster Relief <input type="checkbox"/>	Rental <input type="checkbox"/>			
Media and Entertainment <input type="checkbox"/>	Emergency Services <input type="checkbox"/>	Mining <input type="checkbox"/>			
Oil <input type="checkbox"/>	Utilities <input type="checkbox"/>	Other: _____			

- Account will be activated and Iridium phone/pager numbers sent to the customer within 24 hours of credit approval.
- For any customer support issues regarding your Iridium Satellite Equipment and/or your I-LINX airtime service, please contact I-LINX Customer Care at: 1 202 232-0620 or customerservice@i-linx.net

CSR ID: _____	Voice Contract #: _____	Paging Contract #: _____	Name of Reseller: _____
Sales Order #: _____	Cust Acct: _____	Time: _____	Date: _____