



Thuraya® SERVICE ACTIVATION REQUEST

Please return to I-LINX: Attn. Sales Department

Sales Contact, if known: _____

This form is used to register and activate your Thuraya Satellite Equipment and SIM Card for service with I-LINX, LLC (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 Thuraya 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: _____

THURAYA 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 THURAYA SERVICE RATE PLAN (Must be completed by customer)	
I-LINX Basic Post Paid Plan <input type="checkbox"/>	I-LINX Additional Services:
	Data Service <input type="checkbox"/>
	Fax Service <input type="checkbox"/>
I-LINX Pre Paid Plans:	
TH-01-005 Scratch Card (39 Units) <input type="checkbox"/>	
TH-01005E Scratch Card (39 Units Electronic) <input type="checkbox"/>	
TH-01-016 Scratch Card (80 Units) <input type="checkbox"/>	
TH-01-016E Scratch Card (80 Units Electronic) <input type="checkbox"/>	
TH-01-017 Scratch Card (160 Units) <input type="checkbox"/>	
TH-01-017E Scratch Card (160 Units Electronic) <input type="checkbox"/>	
TH-01-018 2-Stage Dialing Pin Code <input type="checkbox"/>	
TH-01-041"Call for All" Calling Card <input type="checkbox"/>	

SECTION C: ASSIGNED THURAYA SERVICE NUMBERS (To be completed by I-LINX)			
Thuraya Account #: _____	Thuraya (PIN 1): _____	Refer to SIM Card _____	
Thuraya Satellite Service Phone #: _____	Thuraya (PUK1): _____	Refer to SIM Card _____	
Thuraya Data Service #: (Optional): _____	Thuraya (PIN 2): _____	Refer to SIM Card _____	
Thuraya Fax Service #: (Optional): _____	Thuraya (PUK 2): _____	Refer to SIM Card _____	

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)			
Marine Industrial <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 Thuraya phone/pager numbers sent to the customer within 24 hours of credit approval.
- For any customer support issues regarding your Thuraya 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: _____	Reseller #: _____
Sales Order #: _____	Cust Acct: ___TH_____ Time: _____ Date: _____

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