



IP Address Request Form

Date: _____

1-800-862-LYNK
www.cyberlynk.net

T1

Fractional T1

AIR

ISDN

BusinessLynk

Instructions:

The completion of this form is necessary ONLY when requesting more than one IP Address. This form is best completed by your company's Information Technology Department / Network Staff. If you are unsure how to complete this form, please call CyberLynk.

Company: _____

Address 1: _____

Contact: _____

Address 2: _____

Phone No. (____) _____

City, State, Zip: _____

Fax No. (____) _____

E-mail: _____

Requested DNS Service:

Require Primary DNS Require Secondary DNS

Delegate Reverse DNS to:

Server Name IP Address

Primary: _____

Secondary: _____

Requested Number of IP Addresses:

Standard Interface (/30)

Full C Block

Multiple C Blocks.....Quantity: _____

Subnet 1 5 13 29
 61 125 253

Justification:

State in your own words how these additional Network Addresses will be used.

(Please note, CyberLynk reserves the right to limit the number of IP Addresses allocated to each customer.)

Customer Signature

Printed Name

Title

Date

CyberLynk Use Only:

Scheduled Install Date: ____/____/____

Technician: _____

Physical POP: _____

Router: _____

Port: _____

Interface Network: _____

Allocated IP Address Space: _____

CyberLynk Approval Signature

Title

Date