

INFORMATION REQUIRED FOR CELL PHONE ORDERS

- 1 **Name of the person requesting the phone:** _____
- 2 **SMU Department of requestiong individual:** _____
- 3 **Phone Make and Model including Gb required:** _____
- 4 **Colour requested:** _____
- 5 **Select from the following: Is this request a**
 - 1 **New Activation** _____
 - 2 **Upgrade (See *Note:)** _____
 - 3 **Replacement (See *Note:)** _____
 - 4 **Port/Transfer In** _____

***Note:** If 'Upgrade' or 'Replacement' please include your current cell number: _____

- 6 **If this request is a porting in of an already existing phone line please provide the following:**
 - 6.1: **Current Cell Carrier** _____
 - 6.2: **Current Account Number** _____
 - 6.3: **Primary Contact (if different from requesting individual)** _____

- 7 **Saint Mary's University Accounting Information:**
 - 7.1: **FOAP to be used for monthly cellular charged:** 100000 75150 9999
 - 7.2: **Name of FOAP 'Authorizing' Individual:** _____
 - 7.3: **P Authorizing signature for FOAP:** _____

- 6 **Accessories:**

ITSS require the purchase of a case. Provide the order number, make, model and colour of the case preferred.

Enter the order number and description of any additional accessories required.
