

Service available to LU-CIX ASBL members only

Requester A

General information

*Name:

*E-mail address:

*Phone number:

**Organisation name:

**URL homepage:

*Organisational e-mail:

*Phone number:

Billing address

(if specific for this service)

Invoice organisation:

Invoice address 1:

Invoice address 2:

City:

Postal (ZIP) code:

Country:

Billing contact person

Honorific: Mr Mrs

*Name:

*Phone number:

*E-mail address:

Billing information

VAT number:

PO number:

PEPPOL ID:

PEPPOL contact name:

Billing For one endpoint (A)
For the both endpoints (A + B)

I want to pay the invoice for this order by card (only Visa & Mastercard) with a 2.6% service fee applied on its VAT included amount.

I consider the total final global price for the amount for my potential purchase order.

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Requester A

Contract signer

*Honorific: Mr Mrs
*Name:
*Phone number:
*Formal role:
*E-mail address:

Administrative contact person

*Honorific: Mr Mrs
*Name:
Phone number:
Formal role:
E-mail address:

Technical contact person

*Honorific: Mr Mrs
*Name:
*Phone number:
Formal role:
*E-mail address:

NOC details

*NOC manager:
*NOC phone number:
*24/7: NOC e-mail:
24/7: Peering
*E-mail address:

Connection details for Requester A

LuxConnect DC1 (Bettembourg)
LuxConnect DC2 (Rouscht/Bissen)
EBRC Resilience Centre Luxembourg East (Betzdorf)
EBRC Resilience Centre Luxembourg West (Windhof)
EBRC Resilience Centre Luxembourg South (Kayl)
Broadcasting Center Europe (Luxembourg)
European Data Hub (Luxembourg)

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Requester B

*Name:

*E-mail address:

*Phone number:

**Organisation name:

**URL homepage:

*Organisational e-mail:

*Phone number:

Billing address

(if specific for this service)

Invoice organisation:

Invoice address 1:

Invoice address 2:

City:

Postal (ZIP) code:

Country:

Billing contact person

Honorific: Mr Mrs

*Name:

*Phone number:

*E-mail address:

Billing information

VAT number:

PO number:

PEPPOL ID:

PEPPOL contact name:

Billing

For one endpoint (B)

For the both endpoints (A + B)

I want to pay the invoice for this order by card (only Visa & Mastercard) with a 2.6% service fee applied on its VAT included amount.

I consider the total final global price for the amount for my potential purchase order.

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Requester B

Contract signer

*Honorific: Mr Mrs
*Name:
*Phone number:
*Formal role:
*E-mail address:

Administrative contact person

*Honorific: Mr Mrs
*Name:
Phone number:
Formal role:
E-mail address:

Technical contact person

*Honorific: Mr Mrs
*Name:
*Phone number:
Formal role:
*E-mail address:

NOC details

*NOC manager:
*NOC phone number:
*24/7: NOC e-mail:
24/7: Peering
*E-mail address:

Connection details for Requester B

LuxConnect DC1 (Bettembourg)
LuxConnect DC2 (Rouscht/Bissen)
EBRC Resilience Centre Luxembourg East (Betzdorf)
EBRC Resilience Centre Luxembourg West (Windhof)
EBRC Resilience Centre Luxembourg South (Kayl)
Broadcasting Center Europe (Luxembourg)
European Data Hub (Luxembourg)

LU-CIX ASBL Service order form: Private VLAN



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Requested ready for service date:

Additional comments:

By signing this order form, the Requester acknowledges and expressly accepts that the LU-CIX ASBL General Terms and conditions form an integral part of this contract.

The Requester also accepts to comply with the following service specifications:

- <https://www.lu-cix.lu/solutions/privateVLAN>

Contract signer for requester A

*Date:

*Name:

*Signature:

Contract signer for requester B

*Date:

*Name:

*Signature:

VLAN ID:

Assigned by LU-CIX

For LU-CIX ASBL

*Date:

*Name:

*Signature:

*: Mandatory field.