

COMPANY

Date: _____

Company

Street

Postal code

Town

Country

URL

Info EMail

URL on the ECIX WebSeite

Email on the ECIX WebSeite

Membership (not mandatory)

Ripe

Contact

Name, Surname

Function

Phone

Fax

Mobile Phone

EMail

On behalf of:

Name: _____

Function: _____

Date: _____

Signature: _____

LOCATION

Hamburg

GlobalConnect

Level3

IPHH

net@work

Düsseldorf

InterXion, DUS-1

Equinix, DUS1

Level3

MyLoc

Berlin

Alboinkontor


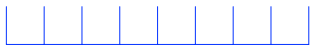
Telecity Lützowstrasse

Level3

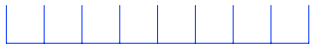



PORT





E-100RJ45

<input type="checkbox"/> Upgrade oder <input type="checkbox"/> New commission	 Port
<input type="checkbox"/> other phy. connector (withreservation)	 Media
<input type="checkbox"/> E-100RJ45-10 10Mbps <input type="checkbox"/> E-100RJ45-100 1000Mbps	



E-1000SX

<input type="checkbox"/> Upgrade oder <input type="checkbox"/> New commission	 Port
<input type="checkbox"/> other phy. connector (withreservation)	 Media
<input type="checkbox"/> E-1000SX-A1000 (Adaptive Rate Billing) <input type="checkbox"/> E-1000SX-1000 (Fixed Rate Billing)	

E-1000SX-2000

<input type="checkbox"/> Upgrade oder <input type="checkbox"/> New commission	 Port1
	 Port2
<input type="checkbox"/> other phy. connector (withreservation)	 Media Port1
	 Media Port1

E-10G

<input type="checkbox"/> Upgrade oder <input type="checkbox"/> New commission	 Port
<input type="checkbox"/> other phy. connector (withreservation)	 Media
<input type="checkbox"/> E-10G-5000 (5Gbps Limit on 10Gbps Port) <input type="checkbox"/> E-10G-10000 (Line-rate on 10Gbps Port)	



PEERING

BGP IPv4

AS-Number (ASN)
AS-Macro
MD5 Signature
<input type="checkbox"/> PublicRouteserver



BGP IPv6

AS-Number (ASN)
AS-Macro
MD5 Signature
<input type="checkbox"/> PublicRouteserver

Customer Self Care

<input type="checkbox"/> Agree to use, otherwise switched off by default
Date: _____
Signature: _____

CONTACT

Peering Master

<input type="text"/>	
Name, Surname	
<input type="text"/>	
Function	
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	
Mobile Phone	
<input type="text"/>	<input type="text"/>
EMail	

Administrative Contact

<input type="text"/>	
Name, Surname	
<input type="text"/>	
Function	
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	
Mobile Phone	
<input type="text"/>	<input type="text"/>
EMail	

NOC

<input type="text"/>	
Name, Surname (not mandatory)	
<input type="text"/>	
Function	
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	
Mobile Phone	
<input type="text"/>	<input type="text"/>
EMail	

