**В отдел по работе с корпоративными клиентами**

**филиала ЗАО «Национальный Телеком»**

**в г. Санкт-Петербурге**

**ЗАЯВЛЕНИЕ**

**на смену тарифного плана**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Абонент | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (Наименование Абонента – юридического лица или ИП) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Абонент - Юридическое лицо/Индивидуальный предприниматель** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ИНН** |  | |  | |  |  |  | | |  | |  | |  |  | |  | |  | | | | | | | | | | | |  | | | |
| **В лице** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Должность и Ф. И. О. единоличного исполнительного органа организации) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| паспортные данные уполномоченного лица) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **действующего на основании** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (наименование и реквизиты документа, подтверждающего полномочия представителя) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **E-mail:** | | | | | | | | |  | | | | | | | | | | | | | **@** | |  | | | | | | | | |  | |
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| **Контактный телефон:** | | | | | | | | **8** | | | **К** | | | **О** | | **Д** | |  | |  |  | |  | |  |  |  |  |  |  | |  | | |
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| **Контактное лицо:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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Прошу для указанного номера договора

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| Изменить тарифный план на:   |  |  | | --- | --- | | Абонентская плата, руб./мес. без учета НДС | Скорость передачи данных, Мбит/с | |  |  | |
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**Подтверждаю, что я ознакомлен и согласен с условиями выбранного тарифного плана.**

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| --- | --- | --- | --- | --- |
| Руководитель организации  (представитель) |  |  |  |  |
|  | ФИО |  | Подпись |  |
| М.П. |  | «\_\_\_\_\_» |  | 20\_\_\_ г. |

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|  | Подпись сотрудника |  | / |  |