

Subscriber Application and Services Agreement

Print clearly and complete all sections that apply
Return to Inmarsat when complete (details on page 3)



A: Type of applicant (mandatory - must be completed by all applicants)

- Individual Dealer Distributor Government Agency
 Corporation Charitable/Non-profit Inmarsat Service Provider Please provide ISP Code _____

B: Services requested (mandatory - must be completed by all applicants)

Mobile, on-demand satellite services

- Inmarsat Fleet 77 Inmarsat FleetBroadband BGAN Inmarsat SwiftBroadband
 Inmarsat Fleet 55 Inmarsat C Inmarsat Handheld Inmarsat Swift 64
 Inmarsat Fleet 33 Other _____
 AmosConnect Iridium® Iridium OpenPort Other _____

Fixed, full period satellite services

- ITek® VSAT Microwave Circuits (Gulf of Mexico Only)
 Maintenance BGAN M2M IsatData Pro
 Spare Parts SCPC Other _____

Telephone services

- Telephone Services

Equipment purchase/rental

- Mobile, on-demand satellite services equipment
 Fixed, full period satellite services equipment

For Inmarsat terminals only – select one

- The terminal will be used exclusively in the United States under Inmarsat's licenses.
 The terminal will not be used in the United States

C: Corporate applicant information (DO NOT complete if individual applicant)

Company Information (mandatory)

Full Legal Name: _____
Operating as (trade style): _____ Duns number (If known): _____
Tax ID Number or Exemption Certificate (attach copy): _____
Department (If applicable): _____
Accounts Payable contact: _____ Ext.: _____
Invoices Mailed to: _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Physical address (if different from mailing): _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Country & City Codes & Tel.#: _____ Fax #: _____
Company e-mail address: _____ Website: _____
Company employee(s) authorized to access call data: _____

Business Structure (mandatory)

- Limited Liability Partnership Proprietorship Joint venture. Since: _____
 Division/Subsidiary/Branch Provide parent company name and location: _____
In business since: _____

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C: Corporate applicant information (continued)

Senior officers (Responsible for Business Transactions)

Name	Title	Telephone number
_____	President	_____
_____	Vice-President	_____
_____	Chief Financial Officer or Treasurer	_____

Bank reference (Primary Bank Your Company Does Business With)

Name of bank: _____ Street address: _____ Location: _____
Contact person: _____ Email: Telephone #: _____ Fax #: _____
Email: _____
Branch #: _____ ABA/Transit #: _____ Account #: _____

Industry credit references (Minimum of Three Required)

1. Firm Name and Address: _____
Contact Name: _____ Email: _____
Telephone Number: _____ Fax Number: _____
2. Firm Name and Address: _____
Contact Name: _____ Email: _____
Telephone Number: _____ Fax Number: _____
3. Firm Name and Address: _____
Contact Name: _____ Email: _____
Telephone Number: _____ Fax Number: _____

D: Individual applicant account information (DO NOT complete if corporate applicant)

Applicant Name: _____ Date of birth ____/____/____ (DD/MM/YY)
Social Security or Social Insurance # (optional): _____
Mother's Maiden Name (for security purposes): _____
Full mailing Address: _____
City: _____ State/Prov.: _____
Country: _____ Zip/Postal Code: _____
Home address (if different from mailing): _____
City: _____ State/Prov.: _____
Country: _____ Zip/Postal Code: _____
Home Area Code & Telephone #: _____ Fax #: _____
Mobile Telephone #: _____ E-mail address: _____
Name & Address of Employer: _____
Position: _____ Years/months there: _____
Business Telephone #: _____ Ext.: _____

E: Corporate or individual applicant credit card information

Credit card information required for all personal/individual accounts.

Company Credit Card

Individual Credit Card

Type of Credit Card:

Visa

Mastercard

Card number: _____ Expiry Date ____/____ (mm/yy)

Name on card: _____

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Credit Card for billing purposes only Credit Card for credit guarantee purposes only

I hereby authorize the use of my card for the above mentioned purposes:

Cardholder signature: _____

F: Credit terms applied for (mandatory -- must be completed by all applicants)

	COD	30 Days	Prepaid
Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airtime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Credit Desired (Required)*: _____

Electronic (PDF) Billing. Email Address: _____

Note: Electronic (PDF) Billing is required for Iridium and other select services

Include special invoicing instructions: _____

* Notwithstanding approval of the desired credit line, Applicant will be liable for any and all actual costs incurred for use of services and/or equipment provided by Inmarsat.

G: Marketing information (optional – for Inmarsat internal use only)

<input type="checkbox"/> Charitable	<input type="checkbox"/> Aviation	<input type="checkbox"/> Fishing	<input type="checkbox"/> Government	<input type="checkbox"/> Marine
<input type="checkbox"/> Military	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil and Gas	<input type="checkbox"/> Transport	<input type="checkbox"/> Media
<input type="checkbox"/> Other _____				

H: Confirmation of information accuracy and release of authority to verify

I hereby certify that I am, or I am duly authorized by, the Applicant (as defined above) and the information in this application and agreement is correct and agree that a facsimile copy hereof will be valid and binding for all purposes. In order to assist Inmarsat or its affiliates (collectively, "Inmarsat") in establishing a line of credit, I authorize (i) the references listed herein to release information requested by Inmarsat, and (ii) Inmarsat to obtain credit reports and other documentation from third parties. In addition, for billing and other Services and/or Equipment purposes, I also herein give Inmarsat consent to transfer my personal data to Inmarsat, as necessary. I understand that Inmarsat's acceptance of this application is contingent upon Inmarsat's satisfaction with the credit review, and that Inmarsat may terminate service without further notice within thirty (30) days of this application if Inmarsat is not satisfied with my credit. I further understand that, except as otherwise agreed by Inmarsat, the Services and/or Equipment requested in Section B, will be provided by Inmarsat pursuant to the applicable Inmarsat terms and conditions posted on Inmarsat's website at www.stratosglobal.com ("Terms") and at the prices provided to Applicant by Inmarsat ("Prices"). Applicant agrees to be bound by the Terms and Prices (each as amended by Inmarsat from time to time) applicable at the time of provision of Services and/or Equipment, unless Applicant executes a separate written agreement with Inmarsat for the Services and/or Equipment. If so, Applicant's use of the Services and/or Equipment will be subject to the terms and conditions, including price(s), of such agreement. Applicant has been provided ample opportunity to review the Terms. Applicant takes particular notice that the Terms include specific clauses including, but not limited to: (A) LIMITATION OF LIABILITY; (B) LIMITATION OF IMPLIED OR STATUTORY WARRANTIES; (C) INDEMNITY, HOLD HARMLESS, AND DEFENSE OF THE PARTIES; AND (D) ARBITRATION, and certifies that such clauses have been brought to Applicant's attention.

Authorized Name (please print): _____ Agent Name (if applicable): _____

Authorized Signature: _____ Agent Signature: _____

Date (dd/mm/yy): _____ Date (dd/mm/yy): _____

Please return completed form to:

<input type="checkbox"/> St. John's, Newfoundland Phone: +1 709 754 5400 Fax: +1 709 748 5300	<input type="checkbox"/> London, England Phone: +44 20 7993 3340	<input type="checkbox"/> Bethesda, Maryland Phone: +1 301 214 8800 Fax: +1 301 214 2234	<input type="checkbox"/> Plantation, Florida Phone: +1 954 370 1698 Fax: +1 954 370 6144	<input type="checkbox"/> Ottawa, Ontario Phone: +1 613 230 4544 Fax: +1 613 230 4212
<input type="checkbox"/> Lafayette, Louisiana Phone: +1 337 761 2000 Fax: +1 337 761 1284	<input type="checkbox"/> Houston, Texas Phone: +1 832 463 2100 Fax: +1 832 461 4007	<input type="checkbox"/> Hong Kong Phone: +852 2918 8215 Fax: +852 2918 9808	<input type="checkbox"/> The Hague, Netherlands Phone: +31 70 301 3200 Fax: 31 70 343 4796	<input type="checkbox"/> Singapore Phone: +852 2918 8215 Fax: 65 6438 6101

For Inmarsat internal use only:

Account Manager: _____ Date (dd/mm/yy): _____ Account # assigned: _____

Credit approval: _____ Date (dd/mm/yy): _____ Approved credit line \$: _____