**В отдел по работе с корпоративными клиентами**

**ООО «СТ-ЮГ»**

**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

изменить тарифный план на:

|  |  |  |
| --- | --- | --- |
| Название ТП | Абонентская плата, руб/мес | Скорость передачи данных, Кб/сек |
|  |  |  |

**Подтверждаю, что я ознакомлен и согласен с Условиями выбранного тарифного плана.**

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| **Подпись абонента** | |  | **/** |  | | | **«\_\_\_\_»** | |  | **201\_\_ г.** |
|  | | подпись |  | | ФИО | | Дата заполнения | | | |
| **М.П.** | **Подпись сотрудника, принявшего заявление** | | | | |  | **/** |  | | |
| подпись | | | | | | | | ФИО | | |