

SPACEX SATELLITES NETWORKS

Powered by SpaceX Starlink

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SITE VISIT REQUEST FORM

CLIENT DETAILS

Full Name / Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Physical Location / Site Address: _____

Nearest Landmark: _____

SERVICE REQUEST DETAILS

Type of Service Required:

■ Starlink Installation

■ ISP / Network Setup

■ CCTV / Security Systems

■ Wireless Link / Hotspot

■ Other: _____

Brief Description of Requirement:

SITE VISIT FEES & PAYMENT DETAILS

Flat Site Visit Fee: **KES 10,000**

Payment Requirement:

Payable in full before the site visit is conducted.

Payment Method:

Paybill Number: **880100**

Account Number: **633089**

The site visit fee is fully redeemable and will be deducted from the total project cost if SpaceX Satellites Networks proceeds to work with the client.

CLIENT DECLARATION

I confirm that the information provided is accurate and I agree to the site visit terms and payment conditions.

Client Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Payment Confirmed: ■ Yes ■ No

MPESA Transaction Code: _____

Date Payment Confirmed: _____

Site Visit Scheduled Date: _____

Assigned Technician / Engineer: _____

Prepared By:

SpaceX Satellites Networks