

To: Safous Support Centre: [support@safous.com](mailto:support@safous.com)

## Safous WAAP: SLA Application Sheet

Application Date/ご申請日(dd/mm/yy)		____/____/____
Applicant Name/ご申請者名		
First Name		
Last Name		
Mail Address		
Telephone #		
Customer Name/お客様社名		
English Name		
Japanese Name		
Domain Name/お客様ドメイン	_____.waap.safous.com _____.waap.safous.cn	
IIJ Sales in Charge/営業担当者アカウント		
First Name		
Last Name		
Mail Address		
The time of the system was unavailable/システム利用出来なかった時間/国		
From: Year 20____ /Month____ /Day ____ /Time ____ Minutes		
To: Year 20____ /Month____ /Day ____ /Time ____ Minutes		
Country:		
Please comment on any special requirements for the application. 申請にあたり特記事項があればコメントください。		
Service Credit / SLA 判定結果 (Entry field for IIJ only/IIJ 記入欄)		
Applicable Period/対象期間(dd/mm/yy): From ____/____/____ to ____/____/____		
Total Service Availability (%) _____ %		
<input type="checkbox"/> 0% or more but less than 99.9%: 1/30th of the monthly fee for basic services		
<input type="checkbox"/> 0% or more but less than 98.0% : 10/30th of the monthly fee for basic services		
<input type="checkbox"/> Less than 96% : 30/30th of the monthly fee for basic services		

\*Click below to get more information about the SLA  
<https://www.safous.com/sla-waap>