

To: Safous Support Centre: support@safous.com

Safous PRA/ZTA: 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	____ ztna.safous.com ____ ztna.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-platform>