

DYXnet Co-location Service Goods Receival Liability Form

	Information Co	intuot
Company Name:		
Contact Person:		
Telephone:		
Mobile/Pager:		
Fax Number:		
Email Address:		
	Delivery Deta	
IDC Location: Tsuen	Wan ☐ San Po Kong	
Please provide us with an be recognized correctly.		number info, so that the delivered goods can
Invoice Number:		
Package Number:		
-		
Total # of Boxes / Package	S :	
one day before goods 2 DYXnet staff will only of 3 DYXnet staff will conta 4 DYXnet reserves the ri	delivery. Thop with our company chop to ac ct you for confirmation. ght to amend these terms and co	
	Customer Decla	ration
their data centre. I here delcar the goods are subject to the a	YXnet(Diyixian.com Limited) to sign a re that any damaging, missing, malfussurance and responsibility of our coardispose the goods, if they were not for committed in any case.	
Authorized Signature with Company Chop Official Use Only		Date(dd/mm/yyyy)
Customer ID:		Rack ID:
Received By:	Date(dd/mm/yyyy):	
DRM-QSM DC-OPR-004 Version 2.1		Confiden

DYXnet Group 第一線集團