DATE: _____

TeleconferenceLine.com

a division of Teleclass4U.com, LLC

Questions? Call 954-571-9868
Fax: 954-571-9913

For Internal Use Only	
Acct ID:	Billing:
DNIS:	
System:	

Subscription Information: **( ) New Application ( ) Application Change ( ) Address Change ( ) Billing Change ( ) Billing Addition**

Name

Company Name

Physical Address

City State Zip Code

Phone Fax

Social Security Number Federal Tax ID Number

Email Address:_____

	SEE NOTES
Service Number	Access Codes

Notes:

Additional Services:

__ Additional Boxes	__ Local Voice Mail
__ 800 Voice Mail	__ Toll Fax on Demand
__ 800 Fax on Demand	__ Fax Blast
__ 800 Conference Calls	__ Voice Blast
__ Toll Conference Calls	__ Email Broadcast
__ Web Conference Calls	__ Production Call

Additional charges apply for the services above

Order Information:

Monthly/Quarterly/One-Time Fee:	Sub Total:
Monthly	$200.00 USD
Additional/Optional Fee(s): NONE	Sub Total: -0-

Billing Notes:

Monthly billing is $200 USD per month and will appear on your credit card as a charge from VoiceText Interactive, Inc.

Set Up Fee:	$35.00 USD
Sales Tax:	--0--
TOTAL:	$235.00 USD

Billing Information:

☐ **Plan A:** (Check this space if you wish to enroll in the AUTOMATIC CREDIT CARD PAYMENT PLAN)
NOTE: Fee will appear on your bill as a charge from *VoiceText Interactive, Inc*

1. I Authorize *VoiceText Interactive, Inc.* to bill my credit card listed below for all monthly fees or after each conference call. In addition, usage associated with services I am using with this service including, but not limited to NSF charges, underpayments and/or other monies owed.
2. I agree to notify *VoiceText Interactive Inc.* if I cancel the credit card I have authorized charges to and provide a new credit card number for billing. I understand that all charges will be made per this contract.
3. I understand that I will be assessed a $20.00 dollar fee each time a charge is dishonored by the issuing credit card bank.

Card holder Signature X _____ Card # _____ Exp. Date _____

MC Visa AMEX Discover Other: _____

☐ **Plan B**: (Check this space if you wish to enroll in the PRE-PAYMENT PLAN)

1. I DO NOT WISH TO PARTICIPATE IN THE AUTOMATIC PAYMENT METHOD LISTED ABOVE: I have enclosed a check for $_____USD
2. I understand that service could be automatically suspended upon depletion of any pre-paid fees or outstanding past due balances.

I UNDERSTAND THAT I MAY CANCEL AT ANY TIME BY GIVING 30 DAYS WRITTEN NOTICE AND I WILL BE GIVEN A REFUND OF ANY PRE-PAID FEES AFTER FINAL BILLING HAS BEEN ISSUED. I ALSO AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS AGREEMENT.

_____ _____

DATE SIGNATURE OF APPLICANT

E-MAIL: shane@teleconferenceline.com