



## Telco Ltd. vFax Order Form

|  |
|--|
| Company Name: _____, the "Client"                          |
| Billing Address: _____                                     |
| Billing City, State, Zip: _____                            |
| Billing Phone: _____                                       |
| Correspondence Email Address: _____                        |
| Credit Card Type (MasterCard, VISA, Discover, AMEX): _____ |
| Credit Card Number: _____                                  |
| Credit Card Expiration Date: _____                         |
| Credit Card Security Code: _____                           |

**Billing Term:**       Monthly       Yearly (5% Discount)

| Customer Initials | Price Per Month | Fax # Area Code Desired (or Toll Free) | Minutes Included | Overage Price/Min. | Additional Fax Numbers (Price Per Month) |
|-------------------|-----------------|--|------------------|--------------------|--|
|                   | \$19.95         |  | 200              | \$0.10             | \$5.95                                   |
|                   | \$29.95         |  | 350              | \$0.09             | \$4.95                                   |
|                   | \$49.95         |  | 650              | \$0.09             | \$4.95                                   |
|                   | \$69.95         |  | 1100             | \$0.08             | \$4.95                                   |
|                   | \$99.95         |  | 1700             | \$0.08             | \$3.95                                   |

Additional Fax Numbers Required: \_\_\_\_\_ In Area Code (or Toll Free) \_\_\_\_\_

By signing hereunder, Client agrees to be bound by its credit card issuer agreement for payment, and to be bound by the Terms of Service located at [www.telcoltd.com/faxterms](http://www.telcoltd.com/faxterms).

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE FAX THIS FORM TO TELCO LTD. AT 480-968-9459**