



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.

Name (Printed)

Signature

Date

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