



Carrier Pre-Select Order Form

COMPANY INFORMATION (PLEASE COMPLETE FORM IN BLOCK CAPITALS)

Company Name:			
Company			
Address:			
Company Reg No:		Web:	
Telephone No:		Fax No:	

Sales Executive	
-----------------	--

BILLING / SITE INFORMATION (BILLS WILL BE PROVIDED ELECTRONICALLY UNLESS OTHERWISE REQUESTED)

Contact Name:		Position:	
Telephone No:		e-mail:	
Address:			
Notes:			

Billing Preference:(TICK BOX) Email Online Paper

SERVICES

Eircom Account No	Phone/Fax Numbers (Including Code e.g. 021)	Phone/Fax Numbers	Phone/Fax Numbers
		9.	18.
	1.	10.	19.
2.		11.	20.
3.		12.	21.
4.		13.	22.
5 23.			
6 152.			
7 162.			
8 172.			

AGREEMENT

I have read the Terms and Conditions (available on sign-up page of website www.Zefone.com or by request) and agree to be bound by them. I authorise eircom to activate the above choices on my behalf. The above order will override any previous call options on the call categories selected above.

Name: _____ Signature: _____
 Position: _____ Date: _____



Carrier Pre-Select Order Form

Direct Debit Mandate		Credit Card Details	
Sort Code	<input type="text"/>	Originators Ref	303 738
Name of Bank	<input type="text"/>		
Bank Address	<input type="text"/>		
A/C Name (\$)	<input type="text"/>	Account Number	<input type="text"/>
Signature(s)	<input type="text"/>	Date	<input type="text"/>
<small>I/we instruct you to pay direct debits from my/our account at the request of Zefone Ltd. The amounts are variable and may be debited on various dates. I/we understand that Zefone Ltd. may change the amounts and date only after giving me/us prior notice. I/we shall inform the bank in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.</small>			
Name on Card		<input type="text"/>	
Card Number		<input type="text"/>	
Security Code (Visa & Mastercard only)		<input type="text"/>	
Card Type - Tick box			
Visa <input type="checkbox"/>		Mastercard <input type="checkbox"/>	
Laser <input type="checkbox"/>			
Expiry Date		Month _____	
Year _____			
Signature		<input type="text"/>	
<small>I, the Cardholder Authorise my Credit/Debit card to be debited for the amount agreed with Zefone, I accept that the amounts will vary and that should I wish to cancel this arrangement I will inform my Bank in writing.</small>			

(Please print, complete and mail this completed form to)

**Business CPS Provisioning
Zefone Ltd.
Ballinrea
Carrigaline
Co. Cork
Ireland**

Phone 0818 27 27 27

(calls charged at standard national rate)

**Phone +353 21 485 2790
(Mobile & Outside Rep Ireland)**