

# Service Address

Company:			First Name:				
Surname			Email:				
Phone Number:		Extension:	Fax:		Mobile:		
Unit#:	Street#:	Street:			City:		
Province:		Country:		Ро	stal Code:		
Billing Co	ontact						
Billing contac	t is same as Service Add	lress					
Company:			First Name:				
Surname:			Email:				
Phone Number:		Extension:	Fax:		Mobile:		
Unit#:	Street#:	Street:			City:		
Province:		Country:		Ро	stal Code:		
Phone and Internet Provider Information							
Phone Provider:		Contact Name:		Cont	act Number	:	
Internet Provider	(ISP):	Contact Name:		Cont	tact Number	:	
IT Consultant:		Contact Name:		Cont	act Number	:	
Interconnect Prov	vider:	Contact Name:		Cont	act Number	:	
Internet Services (MRC)							
Service Type	Download Speed	Upload Speed	Data Traffic	IP Address	Quantity	Unit Price	Amount

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# **Phone Services (MRC)**

If you are going to use our services with your existing phone system (PBX), please specify:

Brand:	Model:			
Service Type: Phone Lines/Ti	Quantity	Unit Price	Amount	
		• · · ·		_
Service Type: Hosted Virtual PBX (Fo	or IP Phones)	Quantity	Unit Price	Amount
Service Type: Hosted Virtual PBX (Fo	or IP Phones)	Quantity	Unit Price	Amount
Service Type: Hosted Virtual PBX (Fo	or IP Phones)	Quantity	Unit Price	Amount
Service Type: Hosted Virtual PBX (Fo	or IP Phones)	Quantity	Unit Price	Amount
Service Type: Hosted Virtual PBX (Fo	or IP Phones)	Quantity	Unit Price	Amount

Total:

Installation and Equipment	Quantity	Unit Price	Amount
		per set of #s	
		per search	
		per device	
		per hour	

### **Total One Time Fees:**

# Total Monthly Service Price:

Long Distance Services



**Total Monthly Service Price:** 

## **Payment and Contract**

<ul> <li>Existing Custor</li> <li>Auto Debit Acc</li> </ul>		🔵 Pay by Chequ	le	○ Monthly	
Bank Number T	ransit Number	Account Numbe	r	One Year (No Setup Fee & 5% discount on your monthly service fees)	
<ul> <li>Credit Card</li> <li>Mastercard</li> </ul>	d	🔿 Visa		Three Year (No Setup Fee & 15% discount onyour monthly service fees)	
Card Number:					
Expiration Date:		CVC Number:		<b>Total One Time Fees:</b>	
Name on Card:					·]
Company:				I have read, understand and agre	
Name:				TelData Master Service Agreen www.nwtcom.com and hereby of	
Title:				authorized to enter into the Agree thereunder for the Organization n Form. I understand that the terms	eements represented amed on this Order
Date:				change from time to time and construction of the services represents continued agree	
Signature:				and conditions of Service.	

#### Terms and conditions of customer's authorization to Northwest TelData.

1. Your first withdrawal or charge will include all the amounts outstanding on your account.

2. The customer will notify Northwest TelData of any changes to the customer's financial institution account or credit card information.

3. The customer's pre-authorized payment will be withdrawn or charged each month to cover payment(s) due on the customer's account.

4. Northwest TelData relies on the representation constituted by this authorization that the customer's financial institution account or credit card is, and shall be, during the currency of this authorization, in good standing with sufficient funds or credit to cover such pre-authorized withdrawals or charges as they become due and payable. Northwest TelData may terminate this pre-authorized agreement without notice should the customer fail to maintain their financial institution account or credit card in good standing.

5. This authorization may be terminated at any time by the customer or Northwest TelData upon written notice. Upon termination, any balance due thereafter shall be payable directly to Northwest TelData.

### Sales

### Sales:

Tel:	604.998.5000 Ext.1
Fax:	604.998.2000
Email:	sales@nwtcom.com

### Address:

Northwest TelData PO Box 19100 Delta BC V4L 2P8

### Support and Billing

### Support:

 Tel:
 604.998.5000 Ext.2

 Fax:
 604.998.2000

 Email:
 support@nwtcom.com

#### Accounting:

 Tel:
 604.998.5000 Ext.3

 Fax:
 604.998.2000

 Email:
 billing@nwtcom.com

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