

Service Agreement
(Fax Back To: 1-888-905-3949)

Flat Rate Conferencing

Agent Name: Bruce Galle
Agent ID:

BILLED BY A+ CONFERENCING

Company: Wizard Communications

Company Information: (PLEASE PRINT)

Company Name: _____

Billing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Contact: _____ Ph: _____ Email: _____

Billing Contact: _____ Ph: _____ Email: _____

Rates:				Customer States approximate usage:	
Flat Rate Conferencing (10 Bridges):	\$49.00	Tape Fee:		Times per month:	
Flat Rate Conferencing (20 Bridges):	\$79.00	Q&A Fee:		Number of Conferees:	
Flat Rate Conferencing (50 Bridges):	\$129.00	Other:		Average length of call:	
Flat Rate Conferencing (100 Bridges):	\$239.00	Other:		Current Company:	
Flat Rate Conferencing (150 Bridges):	\$349.00	Other:		Current Rate:	
Flat Rate Conferencing (call for quote):	\$	Other:		Type of call:	

Credit Card Authorization: (OPTIONAL) To be filled out if invoice(s) will be charged to credit card.

I (name) _____, with (company) _____, authorize A+ Conferencing to charge the following credit card for all conference calls made by our company. I understand that A+ Conferencing will charge a 4% Clerical fee for this service. Invoices and receipts will be sent to the billing address listed below.

Card Holder Information	Card Type	Billing Frequency
Name on Card: _____	<input type="checkbox"/> Visa	<input type="checkbox"/> One Time-Prepay
Card Holder Address: _____	<input type="checkbox"/> Master Card	<input type="checkbox"/> One Time-Outstanding Inv
City: _____ State: _____ Zip: _____	<input type="checkbox"/> Discover	<input type="checkbox"/> Each Call
Issuing Bank: _____		<input type="checkbox"/> Monthly
	Amount to be charged: \$	_____

Card Number: _____ - _____ - _____	Exp: _____
---	-------------------

Print Name _____ Signature _____ Date ____/____/____

Terms and Conditions:

I hereby certify that the above information is true and correct and A+ Conferencing has my permission to use this information for credit checking purposes. If credit is extended to me, I agree to pay my invoices promptly within 30 days of the invoice date. If I default in meeting these conditions, I understand that A+ can place my account on a credit hold status, which means my company cannot use any more A+ services until payments are made to restore my account. I am **responsible** for all usage of my pin codes, therefore I will keep the codes confidential to prevent any unauthorized usage on my account. If I do suspect any unauthorized usage, I will report it to Customer Service immediately at 888-239-3969.

Signature: _____ Date: ____/____/____

Title: _____