

Touchfon Enrollment Application

UNIVERSAL PARTNERS GROUP

Application Instructions: Please fill out form **completely**. Fax form to TouchFON at 801-366-2106 OR mail to: TouchFON International, PO BOX 11216, Salt Lake City UT 84147 Please allow two days for application processing. You will receive a call from a TouchFON representative to personally activate your TouchFON account.

Name: _____

Home Phone: _____

Address: _____

Office Phone: (____) _____

City/State/Zip: _____

Important Information

Your toll-free 800 number includes its own pre-recorded greeting. To listen to the greeting call 801-325-4688

Service Information: Toll-Free 800/ Voice & Fax Mail Number

- **The Starter Package: (default) \$6.95** per month, includes 1 TouchFON number. Each minute will be billed at 9.9 cents (in 6 second increments). U.S. Funds
- **The Success Package: \$12.95** per month, includes 1 TouchFON number and 140 minutes of usage. Additional minutes will be billed at 8.9 cents (in 6 second increments). U.S. Funds
- **The Advanced Package: \$19.95** per month, includes 1 TouchFON number and 230 minutes of usage. Additional minutes will be billed at 8.5 cents (in 6 second increments). U.S. Funds
- **The Essential Advertising Package: \$29.95** per month, includes up to 1 TouchFON number and 375 minutes of usage. Additional minutes will be billed at 7.9 cents (in 6 second increments). U.S. Funds
- **The Executive Package: \$49.95** per month, includes up to 1 TouchFON number and 760 minutes of usage. Additional minutes will be billed at 6.5 cents (in 6 second increments). U.S. Funds

Payment Information:

Credit Card: Visa Mastercard AMEX Discover

Number: _____

Expiration Date: _____

Check/Bank Draft (U.S. Funds ONLY): Savings Account Checking Account

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

****Please attach a voided check or deposit slip****

I hereby authorize and request Automatic Payment Systems hereinafter called COMPANY to effect payment for any amounts to be paid by me, as indicated below in the bank named below, hereinafter called BANK and I authorize and request BANK to accept and debit entries by COMPANY to such account and to debit the same to such account.

The payment will be withdrawn automatically. You will also receive a statement with payment and call details each month.

Signature: _____

Date: _____