

Service Agreement
(Fax Back To: 206-337-0977)



BILLED BY A+ CONFERENCING

Company Information: (PLEASE PRINT)

Company Name: _____
 Billing Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____ County: _____
 Contact: _____ Ph: _____ Email: _____
 Billing Contact: _____ Ph: _____ Email: _____

Rates: Audio Conferencing

Rates below are based on participant per line.

Auto Toll Meet Me Reservationless	\$.04
Auto 800 Meet Me Reservationless	\$.059
Canada 800 Meet Me Reservationless	
Operator Assisted Toll Dial In	\$.18
Operator Assisted Toll Free Dial In	\$.21
Operator Dial Out	\$.21
International rates upon request*	varies

Audio CD:	\$30 + Shipping per CD
FTP:	\$30/recording
Q&A:	\$.03 **

Web Conferencing:

Based on participant per line.

Start Web Share	\$.09
Proclaim	\$.09
Start Visuals	\$.17
WebEx	\$.29
Start Video***	\$.99

* International Operator Assisted Dial Out rates vary by country **Q&A fee is in addition to the per minute rate *** Per month rates

Credit Card Authorization: (OPTIONAL) To be filled out only 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 agree to pay the invoice in its entirety including all taxes and fees associated. Invoices and receipts will be sent to the billing address listed below.

Card Holder Information

Card Type

Billing Frequency

Name on Card: _____

Visa

One Time-Prepay

Card Holder Address: _____

Master Card

One Time-Outstanding Inv

City: _____ State: _____ Zip: _____

Discover

Each Call

County: _____

Am Express

Monthly

Amount to be charged: \$ _____ + applicable taxes & fees

Card Number: _____

Exp: _____

CVV2 Code (Last three digits on back of card): _____

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 the terms stated on the invoice. I agree to pay the invoice in its entirety, including all taxes and fees associated. 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. If at any time I wish to cancel my account, I will send the request in writing to sales-service@tele-conferences.net or cancellations@nwpros.com. A+ Conferencing reserves the right to change conference numbers if necessary for operational purposes. For a list of additional terms & conditions, please visit www.aplusconferencing.com.

Signature: _____ Date: ____/____/____

Title: _____