



Advanced Voice Access, Inc.

22681 E Ridge Trail Dr.
Aurora Colorado, 80016
Fax: 303-539-2951 Office: 303-539-2950

Service Order Form

First Name:
Middle Name:
Last Name:
Company Name:
Billing Address:
Street:
City:
State:
Zip Code:
E-mail:
Your Time Zone: <input type="checkbox"/> Mountain Time <input type="checkbox"/> Pacific Time <input type="checkbox"/> Central Time <input type="checkbox"/> Eastern Time
Phone Number Uses For Automatic Authentication (10 digits number)
Home: _____ Office(optional): _____ Cellular(optional): _____
<small>**You may want to set up your home phone, office phone, and cellular phone for automatic authentication. Hence, you do not need to provide the User-ID, the group ID, and the password for accessing to the Personal Assistance Alert Messenger when using any of these phones. You may want to set up your cellular phone for receiving alert messages. This way you will be able to receive the alert message when you are outside of the office or your home and not using up your cellular minutes for making each alert.</small>
Credit Card Number:
Credit Card Transaction Type: <input type="checkbox"/> Debit Card <input type="checkbox"/> Check Card
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Expiration Month/Year:
Automatic Monthly Payment Withdrawal On My Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name On The Credit Card:
Account Type: <input type="checkbox"/> Group <input type="checkbox"/> Single
Subscription Plan:
Service Contract Commitment: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months
Monthly Recurring Minimum Amount:
Pricing Per Minute Charge For The Subscription Plan: _____ /Minute
Service Begin Date (MM/DD/YY):
Phone Uses For Receiving Alert Messages
Phone Number (10 digits number): _____
<small>By signing this form, you indicate that you had accessed to the CUSTOMER SERVICE AGREEMENT GENERAL TERMS AND CONDITIONS document, and had carefully read and understood all terms and conditions stated in the document. You also indicate that you accept all terms and conditions stated in the document.</small>
Customer's Signature: _____
Date: ____/____/____