

Company Billing & Contact Info

Company Name	
Shipping Address (Phones will be shipped here). If we are shipping to multi locations, then please email all site addresses and contact names to support@expertvoipsolutions.com	
Company's FEID (Required to port PH#)	
Company Ph#	
Company Business Hours	
Principal's (Person signing the agreement) Name	Title:
Principal's PH#:	
Principal's Email Address	

Billing Address	
Billing Contact Name	Title:
Billing Contact PH#	
Billing Contact Email Address	

Note:

This form is not filled online, simply download it, complete it and email it back to billing@expertvoipsolutions.com

Credit Card Type	<input type="checkbox"/> Visa, <input type="checkbox"/> Mastercard, <input type="checkbox"/> Discover, <input type="checkbox"/> AMX, <input type="checkbox"/> Other:
Use same Credit Card for all sites	<input type="checkbox"/> YES, <input type="checkbox"/> NO (if "No", then please provide alternate CC info for each site)
Credit Card #	Expiration date:
Credit Card Security Code	Credit Card Billing Zip Code:
Name on Credit Card	

ACH Payments

Bank Name	
Account #	
Routing #	
Name on the account	

Check Payments

Bank Name	
Bank PH#	
Authorized Contact on Account	

Technical Contact (Same as Principal)

Technical Contact Name	Title:
Technical Contact PH#	
Technical Contact Email	

Marketing Contact (Same as Principal)

Marketing Contact Name	Title:
Marketing Contact PH#	
Marketing Contact Email	

Important Notes:

By submitting this form, you're agreeing to the following payment terms:

- 1- All current invoices must be paid no later than 3 days from invoice payment's due date Marked on the invoice
- 2- **A \$25/day late payment fee** will be charged if the invoice is not paid within 3 days of due date
- 3- Service will be suspended if invoice is not paid within 10 days of its due date
- 4- Service will not be restored until the entire due balance and late charges are paid in full
- 5- A **"Port-out"** attempt to another carrier will be denied until the due balance is paid in full!

Principal's Name _____ Title: _____

Principal's Signature _____ Date: _____

EVS Representative Name _____