

Service Request Form

Referred by Customer # _____

Please complete and sign this form and fax it to Vicom.

You may also send it by post if you're in no hurry.

vicom

Apartado 205

07181 Palmanova

Balears, Spain

CIF: B07934920

Contact Information

Name _____ CIF/NIF/NIE _____

Company (if company is requesting service) _____

Street _____

City _____ Postal Code _____

Province/country _____ Country _____

Phone _____ Fax _____ Email _____

Billing Information (Only if different from above)

Company _____

Street _____

City _____ Postal Code _____

Province/country _____ Country _____

Phone _____ Fax _____ Email _____

Telephone NumbersTelephone numbers I will call *from* _____

Bank Information

Bank Name _____ Branch _____

Telephone Number _____ Fax _____

Account Number _____

_____ entity _____ branch _____ control _____ account _____

IBAN _____

SWIFT/ BIC _____

Account holder's name (exactly as on account) _____

Account holder's signature _____

Credit Card (Please include - only charged if bank debit fails)

Visa Mastercard/Eurocard Expires ___ / ___

Card Number _____

Card holder's name (exactly as on card) _____

Card holder's signature _____

Other Information (Please choose currency, language and invoice delivery method)

If your usage is less than 18 Euros we may choose to carry it over till the next month.

I prefer: English Spanish German. Send invoice by: Email Post Fax.

Friends or associates that could be interested in Vicom:

Authorization*I hereby authorize Vicom Communications, SL to charge all completed calls to the above bank account or to charge them to the above Credit Card in the event of Bank Debit failure. I also authorise the above bank to debit my account each month in order to pay Vicom Communications, SL for said calls.*

Signed:

Place and Date: