

# APPLICATION FORM

## Startalk Business for Low Cost International Calls

**Type**

- |   |   |
|---|---|
| <input type="checkbox"/> New Subscriber   | <input type="checkbox"/> Business Line    |
| <input type="checkbox"/> Termination of Service                                   | <input type="checkbox"/> Residential Line |
| <input type="checkbox"/> Change of Information<br>(address, payment method, etc). |   |

**Subscriber Information**

Mr.     Mrs.     Ms.    Other \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Nationality \_\_\_\_\_  
 Company \_\_\_\_\_  
 CPR / CR # \_\_\_\_\_ (copy of CPR / CR required)

**Contact Information**

Flat/Office/Shop \_\_\_\_\_ House/Bldg \_\_\_\_\_  
 Road No \_\_\_\_\_ Road Name \_\_\_\_\_  
 Block \_\_\_\_\_ Area \_\_\_\_\_  
 Tel/Mobile \_\_\_\_\_ Fax No \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Billing / Mailing Address** (if different from Contact Information above)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I wish to be contacted with promotions and special offers by:

- Post     Fax     Email     Don't contact me

**Registration Information**

No.	Phone number(s)	Credit Limit required	Refundable Deposit Amount
1.		BD	
2.		BD	
3.		BD	
4.		BD	
5.		BD	
Total Amount		BD	

BD \_\_\_\_\_  
*Deposit amount will be refunded at the time of service termination after offsetting any unpaid bills.*

*Note: More numbers if required may be filled on additional sheets and attached to this application form.*

**Preferred Method of Payment**

Cash     Cheque (Payable to North Star Communications)  
 Credit Card     Amex     Visa     MasterCard  
 Credit Card No \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Security Code \_\_\_\_\_ Expiry Date \_\_\_\_\_

I hereby authorise North Star Communications to debit my Credit Card with the monthly call charges.

**Declaration**

I hereby declare that I fully understand the details of the Startalk Business service and agree to have North Star as my pre-selected provider for international calls, and have read the Service Information Pack and agree to the Terms and Conditions.

I also acknowledge:

- that I can only have one pre-selected provider for my international calls
- that by signing this contract my existing agreement (if any) with any other provider for international calls will be affected
- that the service can only be used for making international calls starting with 00 and all my other services such as local calls, calls to mobiles, emergency services, short codes, toll free numbers, etc. are not covered under this agreement.

Customer / Representative Signature \_\_\_\_\_  
 (for companies: Authorised Signatories may sign, company seal required)

Date \_\_\_\_\_

If the above signatory is a representative of the customer (authorisation letter required) please fill in the following:

Representative's Name \_\_\_\_\_

Position in Company \_\_\_\_\_ Contact Tel No. \_\_\_\_\_

**For Startalk Use Only**

Account ID \_\_\_\_\_ Account Manager \_\_\_\_\_

Activation Date \_\_\_\_\_ Notification Date \_\_\_\_\_

Security Deposit Amount \_\_\_\_\_ Credit Limit \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_