Intercommunication American Systems, Inc.
Callback Application Form

Credit Card Billing Information	**Mailing Information** (if different from billing address)
Subscriber's Name or Company Name:	Subscriber's Name or Company Name:
Street Address:	Street Address:
Street Address (line 2 if applicable)	Street Address (line 2 if applicable)
City / Postal Code / Country	City / Postal Code / Country
Telephone Number / Fax Number	Telephone Number / Fax Number
Primary Contact Name & Title	Primary Contact Name & Title

IAS, Intercommunication American Systems, Inc. agrees to provide and the Subscriber (named above) agrees to pay for all services rendered by IAS. The Subscriber further agrees to use the IAS services in accordance with the instructions provided and by signing below, acknowledges that he/she has read, understands and agrees to the terms of this contract.

Callback Number	**IAS Access Number**	**Credit**	**Extension**	**Language**
1 Phone number to be used for callback:	(Leave this field blank)	(Limit)	(For PBX)	(For Prompts)
2				
3				
4				

AUTHORIZATION

Please read this carefully: I (we) do hereby authorize IAS, Intercommunication American Systems, Inc. to charge my credit card / bank account listed below in the amount listed above for the amount of total monthly usage or each time my bill reaches a usage amount of $250.00 USD. In this case, at the end of each month, I (we) will be charged any remaining balance equal to the monthly invoice which will be mailed to me/us for our records. In the event that the credit card becomes invalid, I (we) shall be responsible for all outstanding charges. This authorization is to remain in effect until IAS receives written notification from the undersigned to cancel this authorization. Charges will be made in the name of IAS, Inc. I (we) hereby authorize IAS to cunduct a credit history check should they deem necessary.

Automatic Bank Payments (US or Netherlands Only)	**Automatic Credit Card Payments**
Signature of Bank Account Holder: Date:	Type of Credit Card:
Name of Bank: Bank Route #:	Signature of Cardholder: Date:
City/Province/Country of Bank:	Name of Cardholder:
Bank Account Number:	Credit Card Number: Exp. Date:
*** Attach voided check & photo ID**	*** Attach copy of front & back of card and photo ID**

• • This agreement must be signed by the subscriber and original sent to IAS at the address below • •

Divers Liscence or Passport Number: Date of Birth: (month/day/year)

Subscriber Name: Company: Title:

Signature of Subscriber: Date Signed:

1935 Hollywood Boulevard • Hollywood, Florida USA 33020
Telephone: 1 954 922 4088 • Fax: 1 954 922 3072 • Email: info@ucall.net • Website: http://www.ucall.net