

SERVICE AGREEMENT

Contact Information

Principal name: _____
 Address: _____
 City: _____ State _____ zip: _____
 Email address: _____
 Telephone: _____ Cell: _____

Business Information

Name: _____
 Description: _____

Services

Comprehensive package:	\$165	<input type="checkbox"/>	Mail & Phone:	\$115	<input type="checkbox"/>
Mail:	\$55	<input type="checkbox"/>	Mail & Office:	\$90	<input type="checkbox"/>
Office Use:	\$50	<input type="checkbox"/>	Office & Phone:	\$120	<input type="checkbox"/>
Phone:	\$80	<input type="checkbox"/>			

Ancillary services

Mail forwarding:	<input type="checkbox"/>	Address:	_____
Evening access card:	<input type="checkbox"/>		_____
Phone relay:	<input type="checkbox"/>	Telephone #:	_____
Individual fax line with faxes emailed:	<input type="checkbox"/>	Email:	_____
Mail scanned and available via email:	<input type="checkbox"/>	Email:	_____
Voicemails available via email:	<input type="checkbox"/>	Email:	_____
Additional phone line:	<input type="checkbox"/>		

Phone to be answered as: _____

Payment Information

Monthly charge: _____ Service start date: _____

To save paper work and to speed up billing turnaround time, O.S.I. offers arrangements to make payment by Visa, MasterCard or American Express.

I would like my monthly bill to be charged on my Credit Card

Credit Card #: _____ Exp: _____

Member Signature _____ OSI Signature _____