



MICONCONTACT Service Agreement

| | | | |
|---------------|--|-----------------|--|
| Business Name | | Billing Address | |
| Contact Name | | | |
| Contact Tel | | | |
| Email Address | | | |

| | |
|-------------------|--|
| Partner Reference | |
|-------------------|--|

| Number Type (please specify code) | | | |
|-----------------------------------|--------------------------|-----------|--------------------------|
| 0800 | <input type="checkbox"/> | 0844 | <input type="checkbox"/> |
| 0845 | <input type="checkbox"/> | 0871 | <input type="checkbox"/> |
| 03 | <input type="checkbox"/> | Area Call | <input type="checkbox"/> |

| If Area Call Number (please specify) | |
|--------------------------------------|--|
| UK Area Code Required | |

| If Porting (please specify) Note: Separate porting documentation to be supplied. | | | |
|--|--|----------|--|
| Number | | Operator | |

| Packages | | Options | |
|------------------------|--------------------------|-------------|--------------------------|
| MiContact 1-2-1 | <input type="checkbox"/> | Time of Day | <input type="checkbox"/> |
| MiContact Advanced | <input type="checkbox"/> | | |
| MiContact Professional | <input type="checkbox"/> | Call Record | <input type="checkbox"/> |
| MiContact Premium | <input type="checkbox"/> | Call Record | <input type="checkbox"/> |
| MiContact Call Centre | <input type="checkbox"/> | | |

This agreement is subject to Terms & Conditions of which the customer acknowledges to have received a copy.

I accept the terms and conditions.

| Notes (please provide details of call routing required) |
|---|
| |

| Customer Signature | | | |
|--------------------|-----------------|--|----------------|
| Print | C O N T R A C T | | Position/Title |
| Sign | C O N T R A C T | | Date |