



VoIP PHONE INFORMATION

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Business Hours: Mon ~ Fri: 8:00 am to 5:00 pm

VoIP PHONE SERVICE

Coast Communications Company (“Coast”) is pleased to offer unlimited phone service, with no additional long distance charges for calls anywhere in the continental US and Canada, to its current and new cable TV / Internet subscribers.

I would like to: <input type="checkbox"/> Port my existing phone number <input type="checkbox"/> Receive a new phone number	Phone number (assigned or ported): 	I would like a second phone number: <input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to have the ability to make International calls: <input type="checkbox"/> Yes <input type="checkbox"/> No	I would like free Voice Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like my number: <input type="checkbox"/> Listed with address showing <input type="checkbox"/> Listed without address showing <input type="checkbox"/> Unlisted (Additional charge of \$6.50/mo)		
***Phone Information: The telephone service will not function in the event of a power or network outage. There is no guarantee the following services will work through a Digital VoIP service: Faxing; dial up access; monitored alarm systems; TIVO; or other dial up services.		

A valid and unexpired credit card in the subscriber’s name is required to subscribe to the phone service. In the event the card expires, you agree to provide an alternate valid and unexpired credit card. In the event you cancel the VoIP telephone service, at its sole discretion Coast may elect to invoice you directly for any VoIP charges remaining, which you agree to pay in full within 30 days. Coast reserves the right to charge your credit card for any unpaid balance that is not paid in full after 30 days.

_____ (initial) I would like you to charge my card monthly for my balance due. I understand the automatic payment is processed the first business day after the 10th of each month. To stop automatic payments, written notice must be provided to Coast Communications 5 business days prior to the cancellation date.

Account # _____

Printed Name _____

Customer Signature _____

Credit Card Number _____

Expiration _____ VISA _____ MasterCard _____ Discover _____

Address _____

City/State/Zip _____
