

NAME: _____ Phone: _____ EXT. _____

FAX FEATURE OPTIONS

ONE TIME FEE	MONTHLY	Product Name	Fax #
		<u>ATA for vFax (FaxBack/Audiocodes) (\$215)</u> ❖ A box that enables vFax to work with any fax machine to send and receive faxes from anywhere using the internet.	Please specify Fax #:
		<u>User vFax Number Setup (\$125)</u> ❖ Any initial vFax account setup fee.	Please specify Fax #:
		<u>Custom vFax Number Setup (\$135)</u> ❖ Account setup with custom vFax number of your choice.	Please specify Fax #:
		<u>vFax Number Porting (\$27)</u> ❖ Moving your existing fax number from your current phone company over to "Worry-Free Phone Service".	Please specify Fax #:
		<u>vFax to eMail (\$15/monthly)</u> ❖ The capability of receiving fax messages in your eMail and as a PDF attachment.	Please specify Fax #:
		<u>vFax Full (Sending / Faxing Software & Website (\$20/monthly)</u> ❖ The capability of sending and receiving faxes in your eMail and on your personalized website.	Please specify Fax #:
		<u>vFax Full with Fax ATA (\$25/monthly)</u> ❖ The capability of sending and receiving faxes in your eMail and on your personalized website. ❖ The capability of sending and receiving faxes with your fax machine.	Please specify Fax #:
\$	\$	\$ _____ 1st Payment Grand Total	
Total One-Time	Total Monthly		

STATEMENT OF AGREEMENT

Your signature below acknowledges your obligation & agreement for payment on the selected *Fax Feature Options* listed above.

DATE	PRINT	SIGNATURE