

Star Talk Application Form

Premium Quality International Call Service



Company Information

Company Name	<input type="text"/>		
P O Box	<input type="text"/>	CR No. CR copy required	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		

Contact Information

Name	<input type="text"/>	Position	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Email Address	<input type="text"/>

Service Numbers

Please enter your switch board number and any individual telephone numbers you would like to register with Star Talk

1. Telephone	<input type="text"/>		
2. Telephone	<input type="text"/>	Refundable Deposit (BD)	<input type="text"/>
3. Telephone	<input type="text"/>		
4. Telephone	<input type="text"/>		

(More numbers may be filled on additional sheet and attached to this form)

I hear by agree to the terms and conditions of the Star Talk service and undertake to settle all bills presented within 15 days from date of billing.

Company Seal & Authorised Signature

Date

For North Star Office Use			
Account ID	_____	Activation Date	_____
Remarks	_____		

