

Customer Information

Mr. Mrs. Ms. Other.....

First Name

Last Name

Company.....

Nationality

CPR/CR NO.....
(copy of CPR / CR required)

Contact Address

Flat/Office

House/Building

Road No/Name.....

Block/Area.....

Telephone/Mobile

Email.....

Method of Payment

Credit Card
 Amex Visa MasterCard

Credit Card No

Name on Credit Card

Security Code (3 or 4 Digits)

Expiry Date

Mailing Address (if different from above)

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Cheque Payable to North Star Communications
 Cash payable at North Star Communications office, (Suite 1201, Almoayyed Tower, Seef District).

Service Information

Pre Paid Post Paid

Refundable Deposit Amount BD

Monthly Bill Required

I agree to the terms and conditions and undertake to pay all outstanding payments under this agreement.

Signature

Date

Phone number(s) to be registered	Amount (in BD)
1. Tel
2. Tel
3. Tel
4. Tel
Total Amount	

For Startalk Use Only

Account ID.....

Account Executive.....

Activation / Notification Date.....

Remarks

Note: More numbers if required may be filled on additional sheets.