



ORDER FORM

CONTACT INFORMATION:

Company Name:	
Name:	
E-mail Address:	
Work Phone:	
Fax:	
Billing Address:	

CHOICE OF SERVICES AND SOFTWARE

<input type="checkbox"/> SwissFax Reseller Package - Standard
<input type="checkbox"/> SwissFax Reseller Package - Professional
<input type="checkbox"/> SwissFax Fax Service (Email to Fax)

We hereby agree to pay the charges to SwissFax for the use of SwissFax Services -Email to Fax as per statements and Invoice due on 1st date of every month within a period 10 days from Invoice date .We also would be paying the necessary services charges as specified by Govt. of India from Time to Time.

Name: _____

Signature: _____ Date: _____

Please Enclose the Cheque /Demand draft with this Order Form.