



APPLICATION FORM – FIXNET (Landline)

Please complete all sections then fax or scan

CUSTOMER INFORMATION

Mr/Mrs/Ms	First Name(s)	Last Name
Company		Contact person:
Street Address		
Post Code	City	Switzerland
Billing Address		VAT#
Tel	Fax	
E-mail:		
AGREEMENT: Customer hereby contracts with PhoneWorld LLC (PW), or its designated carrier, for the purchase of telecommunications services from PW. Customer agrees to pay to the amount invoiced in Swiss Francs for such services, which shall be invoiced in compliance with calling rates prevailing at the time of invoicing. In order to provide this service, Customer authorises PW to act as Customer's agent in all matters relating to the service and to determine which carrier or telecommunications provider will be involved in provisioning of the service. I / We understand that I / We have 30 days from the date of receipt of invoice to dispute any charges and that all disputes must be submitted in writing to PhoneWorld LLC, or its authorized billing company. This agreement can be cancelled at any time, and with immediate effect, by fax/mail/email to PhoneWorld LLC.		
DESIRED MEANS OF PAYMENT: LSV (direct bank debit): <input type="radio"/> Payment Slip: <input type="radio"/>		
CONNECTION TYPE: <input type="radio"/> normal / analog (please specify all numbers) <input type="radio"/> ISDN / digital (please specify main number) <input type="radio"/> Send information on PhoneWorld Mobile <input type="radio"/> Send information on ADSL/VDSL		
MY / OUR FIXNET NUMBERS TO BE CONNECTED :		
Phone: _____ Fax: _____		
REGISTRATION FOR CARRIER PRE-SELECTION I/We herewith wish to appoint PhoneWorld (or its designated pre-select carrier) as my/our pre-selected carrier for all national and international long-distance telecommunications per telephone number(s) listed above. I/We herewith authorize PhoneWorld, or its designated carrier, to initiate on my/our behalf all actions required for this purpose. I/We also authorize Swisscom to inform PhoneWorld of any changes of address and/or telephone numbers in respect to my service.		
SIGNATURE		DATE

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