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Phone: 206-479-8600 or 800-516-9992  
FAX: 206-479-6666 or 800-949-5255

## KALLBACK Service Application

Please complete the following form and fax it back to Kallback at the fax numbers above.  
You may choose to mail items to the above address.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name (if Applicable): \_\_\_\_\_

### **Billing Address:**

\_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip

Country: \_\_\_\_\_

### **Mailing Address (if different from above):**

\_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip

Country: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ (For signature authorization form)

E-mail Address: \_\_\_\_\_

Type of Account: Residential \_\_\_\_\_ Business \_\_\_\_\_

The following may be needed to identify you when you phone us:

Passport or ID#: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_ \_\_ Year: \_\_ \_\_ \_\_ \_\_

### **How did you hear about Kallback?**

Referring account number: \_\_\_\_\_ or

Explanation: \_\_\_\_\_



## KALLBACK Service Application (page 2)

### Account Information:

1. Name of User: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Initial Call Back Number:

Country Code: \_\_\_\_\_ Area: \_\_\_\_\_ Number: \_\_\_\_\_ Extension (if any): \_\_\_\_\_

Security Code (Cannot begin with 0) : \_ \_ \_ \_ \_

Credit Limit \$ \_\_\_\_\_

Special Services: \_\_\_\_\_

2. Name of User: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Initial Call Back Number:

Country Code: \_\_\_\_\_ Area: \_\_\_\_\_ Number: \_\_\_\_\_ Extension (if any): \_\_\_\_\_

Security Code (Cannot begin with 0) : \_ \_ \_ \_ \_

Credit Limit \$ \_\_\_\_\_

Special Services: \_\_\_\_\_

3. Name of User: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Initial Call Back Number:

Country Code: \_\_\_\_\_ Area: \_\_\_\_\_ Number: \_\_\_\_\_ Extension (if any): \_\_\_\_\_

Security Code (Cannot begin with 0) : \_ \_ \_ \_ \_

Credit Limit \$ \_\_\_\_\_

Special Services: \_\_\_\_\_



**KALLBACK Service Application** (page 3)

**Credit Card Information:**

American Express \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Diners Club \_\_\_ Discover \_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Issuing Bank \_\_\_\_\_

Name (as it appears on the credit card) \_\_\_\_\_

**Authorization:** I authorize Kallback to charge the amount of my Kallback bill to this credit card. This authorization is to remain in effect until Kallback receives notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you would like to pay by check or wire, please contact Customer Service for further details. Be aware that payment types other than credit card require a minimum deposit of \$500.**

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**TERMS AND CONDITIONS FOR KALLBACK**

My signature below confirms my agreement to the Terms and Conditions as stated on Kallback's website and I represent that I have read and understood those terms and conditions. If I do not have access to the website I will request Kallback to fax or mail me a copy of those Terms and Conditions before I sign this Application. Under no circumstances shall Kallback be responsible for consequential, indirect, or special damages, (lost profits, marketing costs or otherwise) that result from interruptions of services, outages or inability to use services, and Kallback's sole liability shall be to provide credit equal to the charges for the affected calls/services. In addition, Kallback shall not be liable for any accounts disconnected for non-payment. If a credit card account, I (we) understand that the card will be charged for un-invoiced usage on a weekly or monthly basis depending on the billing cycle set for each individual account. This authorization remains in effect until Kallback receives written notification to cancel this authority.

**Please Print Name & Title:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_