



417 2nd Avenue West Seattle, WA 98119
Email: service@kall8.com
Phone: 206-479-2600 or 866-222-1818
FAX: 206-479-2616 or 800-760-4583

KALL8 Service Application

Contact Person _____ Company Name _____

Billing Address _____
Street _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address _____
(if different from above) Street _____ Apt # _____

City _____ State _____ Zip _____

Billing Phone # _____ Estimated Monthly Usage _____

E-mail Address: _____

Password: A four digit number for online access to your account. Can not begin with 0. ____ _ _ _

Type of Account: Residential ____ Business ____

Toll free number(s) desired:

1. _____ How was this number obtained?*

2. _____ How was this number obtained?*

3. _____ How was this number obtained?*

*A) *If you acquired the number through the National Database Search (NDS), please list the email address where you had your search results sent: _____*

*B) *If you need more than three Kall8 numbers, please list them on a separate paper and attach it to this application.*

Who referred you to KALL8?

Referring account number: _____ or Referring KALL8 number _____ - _____ - _____

Please direct my Kall 8 Toll Free Number(s) to the following number(s):

1). Country Code _____ Area Code _____ Phone Number _____

2). Country Code _____ Area Code _____ Phone Number _____

3). Country Code _____ Area Code _____ Phone Number _____

Credit Card Information:

American Express ___ VISA ___ MasterCard ___ Diners Club ___ Discover ___

Card No. _____ Expiration Date ____/____/____

Issuing Bank _____

Name (as it appears on the credit card) _____

Authorization: I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. I acknowledge that Kall8 may obtain a credit report through a credit reporting agency chosen by Kall8. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance, and the account may be suspended or cancelled pending payment.

Cardholder Signature _____ Date ____/____/____

Alternate Credit Card Information (for use when primary card declines):

American Express ___ VISA ___ MasterCard ___ Diners Club ___ Discover ___

Card No. _____ Expiration Date ____/____/____

Issuing Bank _____

Name (as it appears on the credit card) _____

Authorization: I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. I acknowledge that Kall8 may obtain a credit report through a credit reporting agency chosen by Kall8. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance and the account may be suspended or cancelled pending payment.

Cardholder Signature _____ Date ____/____/____

CREDIT LIMIT: All accounts are assigned an initial monthly credit limit of \$100 unless this section is completed.

This credit limit is used for Kall8 internal controls only and in no way limits the amount that can be charged to a credit card or billed to a Customer. This confirms my (our) authorization to increase the credit limit to \$500. (If you would like to specify an amount other than the standard \$500, please enter amount here: \$_____.) Kall8 accounts are charged for un-invoiced usage on a weekly or monthly basis depending on the billing cycle set for each individual account.

Signature _____ Date ____/____/____

Terms and Conditions of Kall8 Service

My signature below confirms my agreement to the Terms and Conditions as stated at www.kall8.com/terms 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 Kall8 to fax or mail me a copy of those Terms and Conditions before I sign this Application. This order is for a minimum 12 month period and a \$50 per number early cancellation fee will apply if I request to port a Kall8 number to another carrier within the initial 12 month term of service for that particular number unless such number belonged to the Customers prior to service with Kall8. (This fee is higher for certain shared vanity numbers as set forth on the Kall8 website). Kall8 will not be liable for any claim that arises out of its acting as a Responsible Organization or where the toll-free service is not available after Kall8's acceptance of this order, or where I am provided with a number or numbers other than one(s) committed by Kall8. It is my responsibility to check the Kall8 numbers to make sure they are assigned to my account and they route to the proper ring-to numbers before advertising such numbers. Under no circumstances shall Kall8 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 Kall8's sole liability shall be to provide credit equal to the charges for the affected calls/services. In addition, Kall8 shall not be liable for any accounts disconnected for non-payment.

Please Print Name & Title _____

Authorized Signature _____ Date ____/____/____