*Zürichstrasse 152, 8700 Küsnacht*
*Tel: 044 912 04 95*
*Fax: 044 912 06 25*
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*Website: www.telecomsource.ch*

# Application for *Telecom Source* service

Name:_____ First Name:_____

Company:_____ P.O. Box:_____

Street & No.:_____

Postal Code and City:_____

Contact Phone No.:_____

Fax No.:_____ E-mail:_____

**Credit Card Information:**

Credit Card Number:_____ Card Type: **Eurocard/MC Visa**

Name printed on card:_____ Expiration date:_____

Cardholder Signature:_____

❑ I would like to pay by "einzahlungschein" within 20 days.

**I have the following telephone connection:**

❑ normal/analog (please specify all numbers) ❑ ISDN (please specify all numbers)

**I would like to use Telecom Source Select on the following telephone and fax numbers** (**Important:** we need your name and telephone/fax numbers exactly as they appear on your Swisscom bill.):

___/_____ ___/_____ ___/_____
___/_____ ___/_____ ___/_____

❑ **Preselection:** I wish to appoint Telecom Source as my pre-selected carrier of all national and international telecommunications made from the telephone numbers(s) listed above on this form. I herewith authorize Telecom Source to initiate, on my behalf, all actions required for this purpose. I also authorize Swisscom to immediately inform Telecom Source of any changes of my address and telephone number.

Place and Date:_____ Signature:_____

❑ **Call by call:** I wish to keep my current carrier and dial a 5-digit code before each call I make through Telecom Source. **(sorry, not available with packages)**

Place and Date:_____ Signature:_____

❑ **I am interested in Internet service:** ❑ **ADSL** ❑ **Dial-up connection**