

Télesonique Calling Service Subscription Form:
for **Swisscom® Lines**



Private Business **Name of Company/Organization**

Mr. Ms. **eMail** _____

Family Name _____ **First Name** _____ **Mobile** _____

Street Name _____ **Street No** _____ **Fax** _____

Zip Code _____ **City** _____ **Birth Date** ____/____/19____

Phone numbers to be used with telesonique service: _____

Please chose your calling method:

<input type="checkbox"/> Call-by-Call: dial 10715 before each call you would like to save on.	or:	<input type="checkbox"/> Automatic Pre-selection; no need to dial any codes (Swisscom lines only)
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Please chose your rate plan:

<input type="checkbox"/> T-Budget:** Average rate reduction of 30%, minimum monthly billing of Fr. 5.-	or:	<input type="checkbox"/> 1/2 Price:** 50% of Swisscom® Standard rates as of 01.09.2014. Monthly fee of Fr. 9.-
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The undersigned hereby designates Télésonique S.A. as his/her/their new supplier for the transmission of its national and international communications, as effected through the usage of the telephone numbers listed above. The undersigned mandates Télésonique S.A. to execute all the required procedures to achieve this result. Moreover, the undersigned hereby authorizes Swisscom S.A. to immediately inform Télésonique S.A. in the event of change of address or telephone number(s).



Signature: _____

Place & Date: _____

Invoice dispatch by: E-Mail or Post (Paper billing; 3.- Fr. per invoice)

Invoicing options (Please select from the following 3 options):

Payment slip (paper billing) or e-Bill; PostFinance or Bank (Please select **télesonique** from your e-banking interface)
or PostFinance Direct Debit or Bank LSV IDENT. **TS01W**

I hereby authorize my bank to execute the debits (in CHF) from the above creditor to my account until such time as this authorization is revoked. If there are insufficient funds in my account, my bank is not obliged to execute the debit. I will be notified of all debits to my account. The amount debited will be reimbursed if I submit a binding contestation to my bank within 30 days of the notification date.

Bank name
IBAN / Post account
CH

For Bank use:
BC-Nº _____
IBAN CH _____

The undersigned confirms having read and accepted the general terms and conditions of Télésonique S.A.



Signature _____

Place & Date: _____

Please sign and send to: Télésonique SA, Swiss Post Box: 104461, Zürcherstrasse 161, 8010 Zürich
or **info@telesonique.com** or **Fax (022) 594 8499**

For LSV, please send us the signed original to your bank, and send us a copy

** Exact calling rates are published and updated at **www.telesonique.ch**