

**Télesonique Calling Service** Subscription Form:  
For UPC® and Cable customers



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tariff Plan: ½ Price: 50% off UPC standard rates as of 01.12.2016



Signature:

Place & Date:

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

**Payment options ( Please select from the following 3 options ) :**

Payment-Slip

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-№ \_\_\_\_\_

IBAN CH \_\_\_\_\_

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



Signature:

Place & Date:

Please sign and send to:

**Télesonique SA, Swiss Post Box: 104461, Zürcherstrasse 161, 8010 Zürich,**  
or **info@telesonique.com** or **Fax (022) 594 8499**

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

\*\* Exact calling rates are published and updated at [www.telesonique.ch](http://www.telesonique.ch)

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