

VoIP by Design
 New Client Form - confidential

Please fill the following PBX client information

Reseller's information:

Reseller's name	
Phone	
Date	
Reseller notes	

Client's information:

Company name	
Contact	
Web	
Company Business	
Phone	
Fax	
Email	
Address	
City	
State/Province	
Postal/ZIP code	
Country	
Special Notes	

Service:

Package					
Install Date					
Phones					
Optional Services					
ISP					
Porting Number					
Notes:					
Notes:					