

1 - Customer information		web
Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/>	Last Name: _____	Date of birth: dd / mm / yyyy
	First Name: _____ / /
Address (FR): _____		Tel (FR): _____
Post Code (FR): _____	City (FR): _____	Mobile (FR): _____
Email : _____		
Address (abroad): _____		Tel (abroad): _____
Post Code (abroad): _____	City (abroad): _____	Mobile (abroad): _____

No minimum period contract - No Cancellation fees

2 - TravelPhoneBox 15.90€^{ttc/month} Special and permanent offer -50% = 7.95€^{ttc/month}

Select 2 countries to call for free and unlimited*, you can change them at any time.
You can be reachable free wherever you are in the world (No roaming)

Choose more countries for only 1^{95€}/country/month

<input type="checkbox"/> Argentina	<input type="checkbox"/> Canada	<input type="checkbox"/> France	<input type="checkbox"/> Italy	<input type="checkbox"/> Poland	<input type="checkbox"/> Sweden
<input type="checkbox"/> Australia	<input type="checkbox"/> China	<input type="checkbox"/> Germany	<input type="checkbox"/> Luxembourg	<input type="checkbox"/> Portugal	<input type="checkbox"/> Switzerland
<input type="checkbox"/> Austria	<input type="checkbox"/> Cyprus	<input type="checkbox"/> Greece	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Russia	<input type="checkbox"/> Taiwan
<input type="checkbox"/> Brazil	<input type="checkbox"/> Denmark	<input type="checkbox"/> HongKong	<input type="checkbox"/> NewZealand	<input type="checkbox"/> Singapore	<input type="checkbox"/> UK
<input type="checkbox"/> Belgium	<input type="checkbox"/> Finland	<input type="checkbox"/> Ireland	<input type="checkbox"/> Norway	<input type="checkbox"/> Spain	<input type="checkbox"/> USA

3 - Telephone options

Answering machine (Free)

Listen to your phone messages on your email 0.95€/month

Get additional phone numbers: English German Belgian Spanish French 2.95€/month/number

Number Display (Free)

4- Technical information

Detailed invoice: Yes <input type="checkbox"/> No <input type="checkbox"/>	Free invoice by email: Yes <input type="checkbox"/> No <input type="checkbox"/>
Advantage Code: _____	How did you know Phonexpat: _____
Current telephone provider: _____	Current Internet provider: _____ Broadband <input type="checkbox"/> Dialup <input type="checkbox"/>

5- Acceptance of the modalities

I hereby subscribe to Phonexpat STRAGEX and agree to its general sales conditions. French is the official language.

The free & the Unlimited calls do not include calls towards mobiles, 08, 09, phone box nb* and all the special numbers. *The first 30 minutes per call are free after which the extra minutes will be charged at the basic low rates. The rental & the telephone options are paid one month in advance.

No minimum contract period, No start fee, No cancellation fee, Box Sale 44€ttc (one off).

En signant ce formulaire de mandat, vous autorisez (A) STRAGEX « Phonexpat » à envoyer des instructions à votre banque pour débiter votre compte, et (B) votre banque à débiter votre compte conformément aux instructions de STRAGEX « Phonexpat ». Vous bénéficiez du droit d'être remboursé par votre banque selon les conditions décrites dans la convention que vous avez passée avec elle. Une demande de remboursement doit être présentée dans les 8 semaines suivant la date de débit de votre compte pour un prélèvement autorisé.

6- Payment by SEPA Recurring Direct Debit - ICS:FR29ZZZ464312 STRAGEX Phonexpat: 11 rue Ourches Bat i -78100-St Germain en Laye

By signing this mandate form, you authorize Stragex Phonexpat to send instructions to your bank in order to debit your account, and your bank to debit your account as instructed by Stragex Phonexpat. You have the right to be refunded by your bank as described in your banking convention conditions. A refund request must be presented within 8 weeks following a given authorized direct debit date.

Customer information	Bank name and address
Your name: _____ Address: _____ Postal C / City: _____	Bank name: _____ Address: _____ Postal C / City: _____
Account to debit. As printed on your RIB or on the bank statement	IBAN International Bank Account Number
	BIC Bank Identifier Code
Date	Signature
_____	_____

Attach the invoice of your provider & your Bank RIB >> Complete, sign & return it by fax or by mail