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VOIP Home Application

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ - _____

Alternate/Current Phone #: _____ - _____ - _____ VOIP Phone#: _____ - _____ - _____

Package:	Includes: (all include basic voicemail)	Price:
Apexia Local	Unlimited local calling	\$19.95/month ___
Apexia 500	Unlt local calls & 500 mins NA long distance	\$24.95/month ___
Apexia Unlimited	Unlimited local and NA calling	\$29.95/month ___

Required Hardware: (A, B or C)

A - Linksys PAP2T Internet phone adapter: Rent for \$10/month ___ or Purchase for \$65 ___

B - Linksys SPA2102 Phone adapter & router: Rent for \$10/month ___ or Purchase for \$80 ___

C - Customer supplied phone adapter: Customer prog. free ___ or Apexia prog. \$20 ___

Model: _____ Serial: _____

Options:

Enhanced Voicemail -- have your voicemail messages emailed to you \$2/month ___

Residential Fax (T38) -- send and receive faxes on your VOIP number \$3/month ___

LNP -- keep your existing residential phone number(s) \$25 ___

Payment:

Interac/Cash ___ Cheque ___ MC ___ Visa ___ Auto Credit Card ___ DEFT ___

Credit Card: (required if not paying yearly) Number: _____ Expiry: ___/___

Term:

Monthly ___ Quarterly (less 5%) ___ Yearly (less10%) ___

Requirements:

Internet access with at least 128 kbps bandwidth is required for acceptable service quality.

Upon signing, customer acknowledges to have read, understood and agreed to the "Subscriber Terms and Conditions" as well as the "Subscriber 911 Acknowledgement" forms.

Signature: _____ Date: _____

How did you hear about us? I'm a current customer ___ Other Apexia customer ___
 Phone book ___ Internet search ___ Other: _____