



virtuosity™

MAESTRO VIRTUAL ASSISTANT ACTIVATION

PLEASE COMPLETE AND RETURN
1.800.441.1188 voice
1.800.400.7788 fax

How did you hear about us?

SUBSCRIBER NAME

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RESPONSIBLE FOR PAYMENT:

Company: _____
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Indicate your primary
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Provider #: _____

ASSISTANT TYPE	SERVICE PLAN	OTHER SERVICES	START-UP FEES
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- | | | | |
|--------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> _____ | <input type="checkbox"/> Economy | <input type="checkbox"/> Web Conferencing | <input type="checkbox"/> Activation Fee |
| | <input type="checkbox"/> Standard | <input type="checkbox"/> Reception Asst | <input type="checkbox"/> Reception Setup |
| | <input type="checkbox"/> Power | <input type="checkbox"/> Allow Int'l Dialing | <input type="checkbox"/> |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> _____ |

12-Month Total Recurring Fees Total One-Time

BILLING INSTRUCTIONS:

Summary Bill only Detailed Billing Send Bill via: MAIL E-MAIL

AGENT: _____

TERMS & CONDITIONS: By Subscriber's signature on the bottom hereof, a Credit Reporting Bureau is hereby authorized to assist VIRTUOSITY, and/or any other Service Providers associated with Virtuosity who may be providing service to Subscriber, in securing and collecting all information concerning Subscriber's credit history. Signature below indicates subscriber's acceptance of the standard Terms & Conditions in effect at the time service is activated, which are also provided to subscriber at the time of activation.

X _____ Title _____ SSN _____ Date _____
PARTY RESPONSIBLE FOR PAYMENT OR AUTHORIZED CORPORATE OFFICER (SS or Tax ID required)



CHARGE AUTHORIZATION FORM

This letter is to authorize "The Virtual Office, Inc. dba "Virtuosity" for Virtual Assistant and/or Conferencing services, tolls and long distance call charges, and any other services indicated on the Virtual Assistant and/or Conferencing account activation form for Subscriber(s)

to the corporate or personal credit card as follows:.

Continuously

Type: Amex MasterCard Visa

Credit Card Number: _____ Exp. Date: _____

Billing Address of credit card: _____

Company Name as appears on credit card: _____

Name as appears on credit card: _____

Authorized Subscriber or
Authorized Responsible Party Signature _____ Date _____

Please fax or email this completed authorization form to 1.323.466.3800 or billing@virtuosity.com.

CHARGE AUTHORIZATION: By Subscriber's or Authorized Responsible Party's signature on this form hereof, Subscriber or Authorized Responsible Party's authorizes The Virtual Office, Inc. dba VIRTUOSITY, and/or any other Service Providers associated with Virtuosity who may be providing service to Subscriber, to debit Subscriber's or Authorized Responsible Party's credit card (listed above) for the amount (s) of any charges or costs incurred by Subscriber, pursuant to the terms hereof. VIRTUOSITY shall not be deemed to waive or relinquish any of its rights or remedies for Subscriber's default in the performances of Subscriber's monetary obligations hereunder by reason of processing debits against Subscriber's or Authorized Responsible Party's credit card account. In Making any such debits, Subscriber or Authorized Responsible Party's hereby authorizes VIRTUOSITY to process applicable credit card vouchers showing that Subscriber's or Authorized Responsible Party's signature is 'On File'.