



**Norvado Paging  
Pager Sales Order Form**

**Billing Information:**

Phone # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Application \_\_\_/\_\_\_/\_\_\_  
 Employer \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Mailing Information:**         Use Billing Information

Local Phone # \_\_\_\_\_  
 Name/Business \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security #/ Tax ID \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Driver's License# \_\_\_\_\_  
 County \_\_\_\_\_ Township \_\_\_\_\_ Cell# \_\_\_\_\_

**Service Code:**  
 New Pager Service     Change Pager Equipment     Add Pager Feature     Disconnect     Reconnect Pager Service     Pager Repair

**Equipment Information:**

Pager Type	Serial Number	Cap Code	Pager Number	Status in/out

**Comments:** \_\_\_\_\_

**Service Information:**

Service Information:	Quantity	x	Unit Price	Monthly Charge
Access: Numeric/AlphaNumeric \$12.45    Voice \$16.45	_____		_____	_____
Equipment:    Lease or CPI	_____		_____	_____
Voice Mail:	_____		\$3.95	_____
Customer Greeting:	_____		\$2.95	_____
Privacy Mailbox:	_____		\$2.95	_____
Insurance:	_____		\$2.00	_____
Repeat Page:	_____		\$5.00	_____
Group Member: Lease or CPI (\$1.00 or \$3.00)	_____		_____	_____

**Optional Area Information:**

Paging Company	Frequency	Cap Code	Pager Number	Monthly Charge

**Total Monthly Charges** \_\_\_\_\_

**Non-Recurring Charges:**

Non-Recurring Charges:	Quantity	x	Price	Total
Activation First Pager	_____		\$10.00	_____
Activation Each Add'l Pager	_____	x	\$5.00	_____
Pager Purchase:	_____	x	_____	_____
Subscriptions:	_____	x	_____	_____
Subtotal:				_____
5.5% Sales Tax				_____
<b>AMOUNT DUE</b>				_____

**Payment**

VISA/MasterCard    Check # \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_/\_\_\_    CVR# \_\_\_\_\_

**1 Year Contract(Please Initial)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(Billing starts upon activation of the account. This form MUST be completed in full. Leased equipment must be returned to Norvado within 5 business days or customer will be billed the replacement value of that equipment up to \$750)

Mail Completed form to: Norvado, PO Box 67 , Cable , WI 54821 -or- fax to 715.798.3044

Office Use Only: SO/TT# _____	Activ.Date _____	Account # _____	Cust # _____	CSR _____
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