



# CONTACTCENTERWORLD.COM

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## MEMBERSHIP ORDER FORM

### Order Summary

I wish to sign up for the following (tick the relevant membership option):

- Gold Membership = \$39.95 CAD
- Platinum Membership = \$179.95 CAD
- Platinum Elite Membership<sup>1</sup> = \$279.95 CAD
- Corporate Membership<sup>2</sup> = \$1,995.00 CAD

Taxes (5% to Canada only) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Note:** These memberships are for 1 year only and will expire exactly one year from the day that the membership is activated. Memberships can be renewed by contacting ContactCenterWorld.com or purchasing through the online store or by fax.

<sup>1</sup> The Platinum Elite Membership cannot be purchased by any vendor - this membership is for contact center professionals only.

<sup>2</sup> The Corporate Membership includes 4 Platinum Elite Memberships (including the admin account) and unlimited Gold Memberships in one region. Once the account has been activated, you will receive instructions for adding and managing accounts.

### Purchase Information

Please complete all relevant fields. The details below will be used for the membership. For corporate membership, fill in the account admin details.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Cardholder Address (if different)

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Country: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Payment Method

Please invoice our company - payment is due within 14 days of invoice. (Account will be activated after payment has been processed).

I authorize ContactCenterWorld.com to charge my:  personal credit card  company credit card

This form serves as a formal written authorization and approval for ContactCenterWorld.com to charge the credit card described below. Please check appropriate box:



Card CAD \$ \_\_\_\_\_

Card #

Expiry

Security Code

Last 3 digits (4 on AMEX) on reverse of card

Name on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like my receipt by:  Fax  Email

**Note:** By filling out and submitting this form, you are agreeing to the ContactCenterWorld.com Terms and Conditions. All credit cards will be billed in Canadian Dollars at the prevailing rate at time of booking quoted on oanda.com

# FAST FAX: +1-807-624-2088