



Account Setup

Please return completed form to:
JouBeh Technologies
11 Thornhill Drive, Suite 101
Dartmouth, NS B3B 1R9
Canada
Fax: +1902-405-4438
sales@joubeh.com

Business Name:			
Technical Contact		Accounting Contact	
First Name: _____ Last Name: _____		First Name: _____ Last Name: _____	
Full Mailing Address: Address: _____ City: _____ Postal/Zip Code: _____ Province/State: _____ Country: _____ Area Code & Telephone#: () Fax#: () Cellular# (Optional): () E-Mail Address: _____		Full Mailing Address: Address: _____ City: _____ Postal/Zip Code: _____ Province/State: _____ Country: _____ Area Code & Telephone#: () Fax#: () Cellular# (Optional): () E-Mail Address: _____	
CREDIT CARD INFORMATION for Monthly Billing (Visa or MasterCard Accepted)			
Card Type	Card Number	Expiry	Name, as it appears on card
		/	
INVOICE DISTRIBUTION PREFERENCE (please choose only one)			
E-MAIL		MAIL	
IRIDIUM SATELLITE SERVICE INFORMATION			
RUDICS	SHORT BURST DATA (SBD)	CIRCUIT SWITCHED DATA (CSD)	SMS
CUSTOMER SERVICE ACCEPTANCE (Must be completed by customer)			
<i>I recognize that the provision of Services I have requested shall be provided by JouBeh Technologies pursuant to JouBeh Technologies' commercial terms and conditions as posted on JouBeh Technologies' website at www.joubeh.com at the time of provision of Services and I agree to abide with and be bound by those terms and conditions.</i>			
_____ Authorized Name (Please Print)		_____ Authorized Signature	
		_____ Date (DD/MM/YYYY)	

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