

Pager Order Form

Billing Information:

Department Contact Name: _____

Contact Number: _____

User Name (if different from contact name): _____

Department: _____

Index: _____ Activity Code: _____

Pager Number: _____ (lost, stolen, exchanged, upgrade, new number)

Pager Information:

Numeric _____ (at \$2.25 per month) **or** Alphanumeric _____ (at \$4.95 per month)

Pagers are usually in stock and can be picked up from our office.

Please Fax this order form to 541-346-5845