



## Exceptional Call Reporting

Customer details	
Registered company name	
Trading name (if different)	
Registered company address	
Registered company number	
Contact name	
Name of Account Manager	

- By signing this waiver on behalf of my company, I confirm that we do not wish to take the Exceptional Call Reporting service. I acknowledge and affirm that my company remains solely responsible for all charges incurred in accordance with your Terms & Conditions.

Customer details		
Authorised Director signature		
Print name		Date
Position		

- This agreement is subject to terms and conditions. By ticking this box, I confirm that I have received and accept the terms and conditions.

Please return your completed form to [accounts@selectivenetworks.co.uk](mailto:accounts@selectivenetworks.co.uk)

### *Changed your mind?*

If in the future you would like to opt back into this service, please contact your Account Manager.

*Connecting Together.....*

[www.selectivenetworks.co.uk](http://www.selectivenetworks.co.uk)

Call us on 08000 51 44 61 or email [accounts@selectivenetworks.co.uk](mailto:accounts@selectivenetworks.co.uk) for more information