



Accxx Communications

Please Return Via Fax to (800) 331-4638
Our voice number is (800) 826-8351
ACCXX Agent ID # 1500 1004 1001

Rate Plan _____ Agent ID: _____ - _____ - _____
Services requested: [] Business [] Residential Page 1 of _____
[] Long Distance [] 800 Service [] Internet [] Enhanced Cards [] Local service (when available)

Account Name _____ Est. usage \$ _____
(Please print name EXACTLY as it appears on your local phone bill)

Street Address _____
(Physical address, no P.O. Boxes)

City _____ State _____ Zip Code _____

Billing Address (if different) _____

S. S. # or Fed Tax ID (Required) _____ e-mail address: _____

Phone Lines (Write all phone numbers below, sheet 2 if more spaces needed.) o Please do not switch my IntraLata service to ACCXX

Table with 3 columns: Main Phone #, 2., 3., 4., 5., FAX

Toll-Free Number [] I have an existing toll-free number (or) [] I would like a new toll-free number (must have bill copy and RESPOG for existing toll-free numbers)

800/888/877# Please have my toll-free number ring on

Enhanced Cards Please send me ACCXX Enhanced Cards. \$14.95/mo 9.9 cpm Qty: _____

Table with 4 columns: Name, 4 Digit Pin, Name, 4 Digit Pin

BILLING OPTIONS o Bill all charges to address above o Simplified - Bill all charges to the credit card listed below
o Simplified - Bill all charges to the bank account listed below (EFT)

of Internet Accounts? _____ [] Month to Month \$xx/mo [] 6 Mo Pre-Pay \$xx/mo [] 1 Year Pre-Pay xx/mo

Credit card information, Bank draft authorization

Table with 4 columns: Credit Card Holder Name (As it appears on the card), Credit Card Number, Visa/MasterCard/AmEx/Discover, Exp. Date

Bank Draft Authorization: Please attach a voided, unsigned check for correct routing. (Be sure to mark "VOID")

Table with 6 columns: Bank, Routing Number/ABA #, Account Number, City, State, ZipCode

Letter of Agency and Guarantee of Credit

By signing, I hereby authorize all monthly charges related to telecommunications services to be charged on the above listed credit card or electronically debited from the above listed checking account if checked above. These charges will be billed by Accxx Communications; or its affiliates. My credit card or bank statement will read ACCXX for all charges or debits. The aforementioned authorizations shall remain in effect until canceled in writing.

I, the undersigned, hereby authorize ACCXX to provide long distance services on the phone line(s) listed in this Agreement and to act as my agent in all matters related to providing the services. I am the person authorized to order services on the phone line(s) listed in this Agreement, and I am at least 18 years of age. I understand that there may be a one-time charge by my local phone company to change long distance carriers. I also understand that I can be held responsible for any fraudulent usage. I guarantee to ACCXX the faithful payment, when due, for all charges incurred for services provided together with all pertinent federal, state and local taxes. If payments are not made when due and attempts made by ACCXX to collect such payment are not successful, regardless of whether credit card billing is selected, the credit card may be charged without further notice to me.

Authorized Signature _____ Date _____

Authorized Name (Print) _____

Vantek Communications - http://www.telcompare.com

