



Toll Free Services - Application and Agreement
(Designating the Responsible Organization)

Fax to 800-331-4638

Date: _____

Sales Rep: _____

For Toll Free services, complete the information below.
Note: A signature is only required for the transfer of existing numbers.

SUBSCRIBER

Company/Individual _____	Contact _____
Address _____	Phone _____
_____	FAX _____
City/State/Zip _____	E-mail _____

TOLL FREE SERVICE INFORMATION

Please itemize below any existing toll free numbers to be transferred or any specific requests for customized numbers. If the numbers are to be chosen at random list as Random 1, Random 2, etc. This itemization is important in designating the appropriate ring in number.

Directory Assistance listings are charged \$10/month per listing. Designate any numbers requested to be listed and the listing name below.

			List as
<input type="checkbox"/> New	<input type="checkbox"/> Existing	_____ ring to _____	_____
<input type="checkbox"/> New	<input type="checkbox"/> Existing	_____ ring to _____	_____
<input type="checkbox"/> New	<input type="checkbox"/> Existing	_____ ring to _____	_____
<input type="checkbox"/> New	<input type="checkbox"/> Existing	_____ ring to _____	_____
<input type="checkbox"/> New	<input type="checkbox"/> Existing	_____ ring to _____	_____

Allow toll free service to the following area codes: _____

Allow Toll Free Service from Canada YES NO

Allow Toll Free Service from Offshore locations YES NO
(Alaska, Hawaii, Puerto Rico, Virgin Islands)

Agent # (if applicable) _____ Date Submitted _____/_____/_____

If existing account, provide current Capsule Communications (US Wats) account number _____

This agreement acknowledges that the Subscriber has designated Capsule Communications to act as its Toll Free Service "Responsible Organization" (Resporg) for the Toll Free numbers above. The Resporg is the sole responsible organization, as designated by the subscriber, for the overall coordination to provision, maintain and test the toll free national data base service between the various entities involved in the provisioning of the toll free service. Adherence to the responsibilities outlined in this agreement will ensure proper coordination and successful completion of your toll free calls. (*Residential toll free number will be charged an initial setup fee of \$2.00 per new or existing number.)

Authorized Individual _____
(Subscriber)

Title _____

Signature _____

Date _____

Capsule Communications - Internal Use Only

Name: _____

Date: _____

Rate Change (if applicable) _____