



Standard Service Agreement

Business Account Residential Account

Company Name _____

Contact Person _____

Address _____

City _____

Suite / Apt. / Fl. _____ State _____ Zip Code _____

Phone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

TELEPHONE NUMBERS

Main Telephone (____) - (____) - (____)

Additional #'s (____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

(____) - (____) - (____)

Please use the Additional ANIs sheet if there are more than 10 Telephone Numbers for this account.

* Any Customers that do more than \$500 per month in billing, or any customers that have more than 10 Phone Lines must fill out a TouchTone Communications Credit Application in addition to this Service Agreement. TouchTone also requires copies of the cover page for two months of billing from either the local provider or current long distance provider.

BILLING LOCATION (IF DIFFERENT THAN ABOVE)

Company Name _____

Contact Person _____

Address _____ Suite/Apt. _____

City _____ State _____ Zip _____

Phone Number _____ - _____ - _____

TYPES OF SERVICE

TouchTone Switched Service (*I+ Service*)

Switch **Inter-State** Switch **Intra-State**

Inter-Rate (____)cents/min. **Intra-Rate** (____)cents/min.

Toll Free Service (*Requires a Toll Free LOA*)

Dedicated Service (*Requires a Dedicated Order Form*)

TouchTone Standard Calling Card: (____) # of cards

* **Type of Phone Lines:** Residential / Business / Payphone
(Please Circle One)

* **Current Avg. Monthly Billing:** \$ _____ (Required)

* **International Calling:** _____ (Country) _____ (Cents per min.)

AGENCY AND AUTHORIZATION

I hereby Appoint TouchTone Communications to act as my Agent in all matters related to long distance service and carrier selection for providing long distance service. The undersigned also authorizes any Local Exchange Company (LEC) to make pertinent information available to the Agent for this purpose and to follow the Agent's instructions with reference to any order, or change to, long distance service which the LEC provides to undersigned, and hereby release such LEC from any / all liability for doing so. The customer's use or any common carrier transmission service provided by TouchTone Communications constitutes acceptance of the terms and conditions of service. The undersigned understands that there may be a charge from the local telephone company for each line upon conversion from another long distance carrier to TouchTone Communications, and that these charges will only be refunded by TouchTone with written proof of such charges. TouchTone Communications does not charge PICC charges, monthly fees or minimum usage for any lines switched to TouchTone long distance service. TouchTone Communications provides all rate plans based upon the LEC and the location where service is desired. TouchTone reserves the right to reject any order if plans are not consistent with the LEC and location, or for any other reason. TouchTone Communications reserves the right to change rates, monthly fees, PICC charges, or any other changes to this agreement that TouchTone deems necessary provided that TouchTone gives 30 days prior written notice to the customer. I/we the undersigned hereby agree to the terms and conditions set forth herein and represent authorization to execute the contract and agency on behalf of the entity having management and operational control of the business or property herein.

_____/_____/_____
Signature Date

AGENCY INFORMATION (All Fields Required)

AID#: 999-302296 AP#: 805 - 383 - 8891

AN: ProDial Communications FLEX Inter Intra

Local Provider: _____ **Plans** _____

FOR TOUCHTONE USE ONLY

WSM#: _____ - _____ STMT CD: _____

CSM#: _____ - _____ LTTR CD: _____



Credit Request Application

TYPE OF REQUEST		
<input type="checkbox"/> Prospect	<input type="checkbox"/> New Customer	<input type="checkbox"/> Additional Service

TYPE OF SERVICE			
<input type="checkbox"/> Private line	<input type="checkbox"/> Switch termination/origination	<input type="checkbox"/> End User Dedicated	<input type="checkbox"/> Resale

GENERAL INFORMATION			
Applicant (legal company name)			
Trading as			
Immediate parent company			
Ultimate parent company			
Primary address			
City	County	State	ZIP code
Telephone		Facsimile	
Type of business		Date established	
Federal tax ID number		D&B number	
Estimated monthly usage			

I, individually and as an officer of the company, understand that TouchTone Communications will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant and represent that this information and any other information the company or I may supply to TouchTone Communications represents correct, complete, and accurate disclosure of all requested information on the company and does not omit any information, the omission of which would make the disclosed information misleading. I hereby authorize TouchTone Communications to share credit information about our company with its affiliates, subsidiaries, and all other parties permitted or required by law. I also authorize TouchTone Communications to perform required due diligence including, but not limited to, reference calls and credit reporting services from sources it deems necessary to complete its review.

Signature	Date
Printed Name	Title

FOR OFFICE USE ONLY	
Reviewed by	Date
Passed to	Date
Approved by	Date

Please submit completed form and any required information to Credit and Collections Manager at:
 ProDial Communications 1601 Carmen Dr., #201 Camarillo, CA 93010 Phone: 888-776-3425 Fax: 888-338-2893



Credit Request Application

BANKING INFORMATION		
Bank name	Account #	Account type
Contact	Title	
Telephone	Facsimile	
Bank name	Account #	Account type
Contact	Title	
Telephone	Facsimile	

TRADE REFERENCES		
Company Name	Account #	
Telephone	Facsimile	
Address		
City	State	ZIP code
Contact	Title	
Company Name	Account #	
Telephone	Facsimile	
Address		
City	State	ZIP code
Contact	Title	
Company Name	Account #	
Telephone	Facsimile	
Address		
City	State	ZIP code
Contact	Title	

NOTES/COMMENTS