

# Long Distance Service Agreement

- Residential Account or  Sole Prop or Partnership without Tax ID # or...  
 Commercial Account (Must be accompanied by a Commercial Application for Credit & Service)



## CUSTOMER INFORMATION

CUSTOMER NAME (Print name exactly as it appears on your local phone bill) _____  PHYSICAL ADDRESS OF LOCATION REQUESTING SERVICE (No P.O. Boxes) _____  CITY _____ STATE _____ ZIP CODE _____  <b>REQUIRED:</b> Enter SS # or Tax ID # of "Customer Name." If joint residential account, SS # must match name appearing first on "Customer Name" line. If sole prop or partnership without Tax ID #, enter SS # of Responsible Person (at right). SS # or Tax ID # _____  If using Tax ID #, you must complete a Commercial Application for Credit & Service. If Estimated Monthly Usage exceeds \$1,000, you must submit an original Commercial Application for Credit & Service.	ESTIMATED AMOUNT OF MONTHLY LONG DISTANCE BILL \$ _____  MAILING ADDRESS IF DIFFERENT THAN PHYSICAL ADDRESS _____  CITY _____ STATE _____ ZIP CODE _____  CONTACT NAME _____ CONTACT PHONE NUMBER _____  SOLE PROPRIETORSHIPS OR PARTNERSHIPS WITHOUT OWN TAX ID NUMBERS ONLY:  First and last name of RESPONSIBLE PERSON required. Name must match SS # (provided at left).
--	---

**Product Information: The following services, switched, 800/888 and travel card services are provided pursuant to the TTI National, Inc. General Service Agreement and applicable TTI National, Inc. tariffs.**

### LONG DISTANCE CALL (1+)

Main Billing Number (Required)	Product Code
_____ - _____ - _____	_____
Additional phone numbers should be filled in only if another phone number appears on the same local bill as your "Main Billing Number."	
_____ - _____ - _____	
2nd telephone number on same local bill	<i>Attach an additional sheet if necessary.</i>
_____ - _____ - _____	
3rd telephone number on same local bill	

### TOLL-FREE CALL (800/888/877)

Area of service will be the United States. If different, please call customer service and specify.	
<input type="checkbox"/> <b>YES! I would like a new Toll-Free Number.</b>	
Enter the phone number (with area code) that you want the "Toll-Free" number to "Ring In" to.	
_____ - _____ - _____	
Product Code	<i>Attach an additional sheet to request more than one Toll-Free number.</i>
_____	
<input type="checkbox"/> <b>Check here if you have an existing Toll-Free number and fill out a "Responsible Organization" form &amp; "Domestic Toll Free" form.</b>	

### CALLING CARD QUANTITY

_____	If "Quantity" is not marked, no cards will be sent. When using a pay phone, a FCC mandated surcharge will be imposed on all Calling Card and Toll-Free calls placed.		
Product Code	4-Digit PIN	International:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<i>If PIN is not specified or available, it will default to random code.</i>	

### INTERNET DIAL ACCESS

<input type="checkbox"/> <b>YES! I want Internet access!</b>	
Featuring free Microsoft Explorer software for the following operating systems included in an all-in-one CD:	
<input type="checkbox"/> Windows 95	<input type="checkbox"/> Windows 98 <input type="checkbox"/> Windows 3.X <input type="checkbox"/> Windows NT 4.0
MRC Charge Code: _____	Number of Disks _____

### PROMOTION CODE:

\_\_\_\_\_

**OPTIONAL CREDIT CARD INVOICING:** Credit Card Invoicing will include all of the TTI National Services provided to the customer.

**Choose one:**  MC  Visa  American Express

Cardholder's Exact Name	Card Number	Expiration Date
_____	_____	_____
Authorized Credit Card Signature (Your signature indicates authorization of monthly charges to the above referred credit card)	Date	
_____	_____	

**LETTER OF AGENCY**

- YES! I want to enroll in TTI National, Inc.'s long distance service (InterLATA Toll).
- YES! I want to enroll in TTI National, Inc.'s local toll service (IntraLATA Toll) where available.

My signature below authorizes TTI National Inc. (TTI) to become my new telephone service provider in place of my current provider, for the provision of the service or services I have designated. I authorize TTI to act as my agent to make this change happen, and direct my current provider to work with my new provider designated above to effect the change.

**I understand that I may be assessed a small, one-time per line charge to switch providers.** TTI will issue a credit (not to exceed \$5 per line) upon customer request to help offset the cost of this charge. If I later wish to return to my current telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new telephone company may have different calling areas, rates and charges than my current telephone company and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

I authorize TTI to provide the services I have designated to the telephone number(s) listed above, and not others.

I understand that only one carrier may be designated as my interstate or interLATA primary interexchange carrier for any telephone number. To the extent that my state allows me to choose an additional primary carrier for intraLATA toll or local service, I understand that I may designate different carriers for each. I choose TTI to become my long distance carrier, which may include intraLATA traffic where available.

Service is provided in accordance with TTI National Inc.'s General Service Agreement, which may be amended from time to time, and is made part of this application. I understand that this offer is subject to credit approval and a security deposit may be required as a condition of the services. In order to switch my long distance service to TTI National, as the resident, partner or sole proprietor who is authorized to act on behalf of the household or business, I must provide my Social Security number and name for authorization. I understand that entering my Social Security number below serves to verify my identity and evidences my consent and authorization for the use of my personal consumer credit report in the extension of credit to my household or business.

I have read and understand this Letter of Agency and **I understand that my signature on this Letter of Agency will result in a change of the telephone service provider for the services selected for the telephone number(s) listed above.** I certify that I am at least 18 years of age and legally authorized to change telephone companies for services to the telephone number(s) listed above. I further certify that the information on this application is correct to the best of my knowledge. I accept responsibility for payment of all charges incurred.

\_\_\_\_\_

Authorized Signature Print Name Date

Social Security # \_\_\_\_\_

**Vermont residents only: Please read the following. The signature of the person authorized to make a change on behalf of the household or business below will serve as an indication that you have read and understand these statements.**

I understand that the local phone company may apply a one-time fee of \$\_\_\_\_\_ to effectuate the preferred carrier change. Upon my request, TTI will reimburse me this charge up to \$5.00 per line.

To confirm a change of the preferred long distance carrier for the business telephone number(s) stated above, I can call the toll-free telephone number 1-700-555-4141 from that telephone number(s). To confirm the local toll primary carrier for the business telephone number(s) stated above, I can call, toll-free, 1-(Area Code)-700-4141 or 1-700-4141 from that telephone number(s).

I am aware that as a Vermont resident, if my primary interexchange carrier is changed without my authorization, I have the right to file a complaint with the Consumer Affairs Division of the Department of Public Service. The mailing address of the Consumer Affairs Division is: State of Vermont Department of Public Service, 112 State Street, Drawer 20, Montpelier, VT 05620-2601. The toll-free telephone number is 1-800-622-4496.

\_\_\_\_\_

**Signature**

The Service Application must be signed by the person whose name appears in the "Customer Name" line or "Responsible Person" line, if different.

<b>REPRESENTATIVE INFORMATION</b>	
First and Last Name _____	Subagent I.D. _____
Phone Number _____	Fax Number _____
INTERNAL USE ONLY: Account Number: _____	

Residential customers in California, Connecticut, Florida, Michigan, Minnesota, New York, Texas and Vermont must go through Third Party Verification (TPV) prior to the establishment of service by calling 1-866-249-7562 (English) or 1-866-249-6583 (Spanish). Small Business customers who execute this LOA will not need to go to TPV. 7/01



# Commercial Application for Credit & Service

National, Inc.<sup>SM</sup>

Agents Division • 20855 Stone Oak Parkway • San Antonio, TX 78258 • Credit (800) 263-4593  
Agents Help Desk (800) 483-6367

Please print or type all information

Agent Rep Name		Agent I.D.		Product Type: ANI _____ Travel _____ Toll-Free _____	
Applicant's Complete Name (If incorporated, print exactly as shown on corporate charter)			Date of Incorporation	State of Incorporation	
Date Business Started			Taxpayer I.D.		
Street Address		City	State	ZIP Code + 4	
Billing Address		City	State	ZIP Code + 4	
Main Business Phone #		Type of Business (required)			

Parent or Subsidiary Information <input type="checkbox"/> Parent <input type="checkbox"/> Subsidiary		Business Name	State of Incorporation	Percentage Owned
---	--	---------------	------------------------	------------------

### Principal Partners, Major Shareholders (list complete names of all principals, partners and major shareholders)

<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Public Corporation: Stock Symbol _____
Owner's Name			Social Security #			
Partner's Name			Social Security #			
Partner's Name			Social Security #			
Officer's Name			Title			
Officer's Name			Title			

### References

Bank Name		Phone #	Fax #
Lending Officer		Account #	
Previous or Existing Local Service Provider		Previous or Existing Long Distance Carrier	

### General Trade References (businesses with whom Applicant has traded in last 12 months)

Firm	Contact Name	Phone #	Fax #
Firm	Contact Name	Phone #	Fax #
Firm	Contact Name	Phone #	Fax #

### Usage and Credit Limit Information

Applicant's Estimated Monthly Usage \$ _____	Applicant's Requested Credit Limit \$ _____
If estimated monthly usage or anticipated usage within the next six months is greater than \$30,000, please attach applicant's financial statement.	

Authorization of Credit Investigation: Applicant authorizes TTI National to investigate its credit and understands that TTI National may also utilize other sources of credit which it considers necessary. Such information will be held in strict confidence. Applicant agrees to indemnify and hold TTI National or any other person harmless from all liability, damage or expenses arising from or relating to any and all credit investigations by TTI National. APPLICANT HAS READ AND AGREES TO THE TERMS AND CONDITIONS ON PAGE TWO OF THIS APPLICATION.		
Name of Authorized Officer, Owner or Partner (please print name)	Title	Date
Signature of Authorized Officer, Owner or Partner		

### Continuing Guarantee of Service

I personally guarantee payment of account to TTI National, Inc., executed effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name (please print name) \_\_\_\_\_ Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

950tti/8/99.4