



AGENT ID: \_\_\_\_\_  
 PLAN: \_\_\_\_\_  
 TPV #: \_\_\_\_\_  
 ACCOUNT#: \_\_\_\_\_

707 Wilshire Blvd., 12<sup>th</sup> Floor, Los Angeles, CA 90017  
 Phone: 1-800-322-6927  
 Fax: (213) 239-0920

**SERVICE AGREEMENT**

Commercial: \_\_\_\_\_ (Must fill out credit references)      Est. Usage: \_\_\_\_\_  
 Residential: \_\_\_\_\_      Est. Usage: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
*(Please print name EXACTLY as it appears on your local phone bill)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*(If Different from above)*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

SSN:    \_\_\_ - \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_      FED ID:    \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_

**Please Note, a full social security or nine digit federal ID number is needed for on-line billing**

Main Phone line: \_\_\_\_\_  DA Additional Lines: \_\_\_\_\_  DA  
 Additional Lines: \_\_\_\_\_  DA Additional Lines: \_\_\_\_\_  DA  
 Additional Lines: \_\_\_\_\_  DA Additional Lines: \_\_\_\_\_  DA  
**Check mark  DA if you want dial around service ONLY**

**Contact Information**

Work Phone: \_\_\_\_\_      Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Domestic: Intralata (Local Toll) Pic    \_\_\_ yes    \_\_\_ no    (not available in GA or ME)  
 Current Long Distance Provider: \_\_\_\_\_      LEC (local provider): \_\_\_\_\_

Toll Free Service: \_\_\_ Please check here if you would like to order a personal 8xx number. (If checked; 8xx form must be filled out)

**Electronic Letter of Agency and Guarantee of Credit**

I, the undersigned, hereby authorize Total Call International to provide long distance services on the phone line(s) listed in this Agreement and to act as an 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. 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 Total Call International 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 Total Call International's attempts to collect such payment is not successful, regardless of whether credit card billing is selected, the credit card may be charged without further notice to me.

AUTHORIZED SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_



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**CREDIT APPLICATION**

Company Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Year Established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

Dun & Bradstreet No.: \_\_\_\_\_

**BANK REFERENCES**

*(Please complete Bank Release Form for each Financial Institution)*

• Bank Name: \_\_\_\_\_

• Bank Address: \_\_\_\_\_

• Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

• Bank Name: \_\_\_\_\_

• Bank Address: \_\_\_\_\_

• Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

**TRADE REFERENCES**

• Company Name: \_\_\_\_\_

• Company Address: \_\_\_\_\_

• Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

• Company Name: \_\_\_\_\_

• Company Address: \_\_\_\_\_

• Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_