



Toll-free: 800 • 234 • 0001
 Elkhart: 574 • 294 • 1900
 South Bend: 574 • 237 • 0700
 Fax: 888 • 536 • 5075
 Cell: 574 • 536 • 5075

ACCXX Long Distance • 4.9¢, 3.9¢, or even less per minute • No Monthly Fees • No Monthly Minimums

For Business For Residential Refer to: ID# 1499-1000-1258 Rate Plan #18 Customer Support at 888-800-1376

Account Name (Print name EXACTLY as it appears on your local phone bill.):		Estimated present monthly LD \$ usage:	
Actual Street address (No P.O. Box):	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
SSN or TIN:	Tax exemption, if applicable:	e-mail address:	

Lines needing long distance service changed to ACCXX. If more than 8 lines, note pages on "Attached sheets". Remember fax & other lines.

1 () -	2 () -	3 () -	4 () -
5 () -	6 () -	7 () -	8 () -

Please switch my intraLATA or "local toll" service to ACCXX: YES NO Attached Sheets? YES NO

Incoming Toll-Free Service: If this is new service, list only the destination or "ring-to" numbers for each toll free number desired. New numbers will be assigned. For transferring existing toll free numbers, list both the toll free number and destination or "ring to" number. Critical Note: All transfers must be accompanied by a "Resporg" Responsible Organization Form and a copy of a recent phone bill.	Present "Toll Free" Company
Existing or new 8XX Number	> Destination or "Ring To" number
>	-
>	-
>	-
>	-

Check YES if more than 4 toll free number pairings are being requested by a detailed attachment.
 YES

Billing Options: (Select one)

Bill all charges to above billing address. (NOT to Credit Card) **Card Type**

Bill ONLINE ONLY with automatic payment by card listed below Debit Credit

Bill ONLINE and PAPER BILL with automatic payment by card listed below Debit Credit

Card Name as it appears on the card	Card Number	Exp. Date	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
			<input type="checkbox"/> AmEx <input type="checkbox"/> Discover

Letter of Agency and Guarantee of Credit
 By signing, I hereby authorize all monthly charges relating to telecommunications services on the above listed card, if checked above. These charges will be by ACCXX or its affiliates. My card statement will read ACCXX for all charges or debits. The aforementioned authorizations shall remain in effect until canceled in writing.

Card Holder's Signature	Date
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I, the undersigned, hereby authorize ACCXX to provide long distance services on the phone lines listed in this Agreement and to act as my agent in all matters relating to providing the services. I am the person authorized to order services on the phone lines listed in this Agreement, and I am at least 18 years of age. I understand that a one time service charge may be assessed by my local phone company to change long distance carriers. I understand that there will continue to be required federally mandated monthly charges of \$4.50 per line. 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 payments 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
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