

Strike-throughs or alterations invalidate form

United Telecom

CURRENT LEC AND CARRIER BILLS MUST BE ATTACHED. ACCOUNT # NFW ADD CHANGE

REP NAME • Please Print	REP ID #
SALES OFFICE	DIVISION / SUBDIVISION
SALES OFFICE PHONE NUMBER	SALES OFFICE FAX NUMBER

ree Service RING TO NBR

CORNER

CUSTOMER INITIALS

	SEND	STATEM	ENI IO:						
LEGAL NAME							REP NAME • Please Print		
BILLING NAME	NG NAME			DBA			SALES OFFICE		
STREET ADDRESS				SUITE # /	BILLING #		SALES OFFICE PHONE NUI		
CITY				STATE	ZIP				
PERMANENT CONTAC	T PERSON		PRIMARY	CONTACT PI	HONE				
PRIMARY FAX #			E-MAIL AD	DRESS					
ALTERNATE CONTACT			ALTERNAT	E CONTACT	PHONE #				
SEI	RVICE LOCATION	N-IF DIFF	ERENT F	ROM AE	BOVE				
LOCATION NAME									
STREET ADDRESS				SUITE # /	BILLING #				
CITY				STATE	ZIP				
CONTACT PERSON			CONTACT	PHONE			Т		
	CRED	IT INFOR					8xs NBR		
YEARS IN BUSINESS	IF LESS THAN ONE YEAR, INCLUDE CREDIT APPLICATION	Corpora	BUSINESS ation oprietorship	Partnersh LLC	ip Other (Sp	ecify)			
NAME OF PRINCIPAL (First, Middle, & Last Name		SOCIAL SE		TAX EXEMPT attach appropriate forms	YES NO			
CURRENT LOND DISTA	ANCE CARRIER		CREDIT	APPLICATION	ON FORM ATTACH				
TOTAL LINES INCLUDIN	NG FAX & TERMINAL LIN	ES	ESTIMATE \$	D TOTAL MO	NTHLY USAGE				
TELEPHONE	LINES TO BE SE	RVICED	, ·	ınd Swit	ched Servic	es			
1-SERVICE: Refer to Lo statement for BTN/WT			Addition	WTNS					

CUSTOMER AUTHORIZATION

Customer hereby appoints United Telecom LLC (UT) as its primary long distance carrier for international, interstate, interLATA and intraLATA (where available) services, and to act as its agent in all matters relating to providing such services for each telephone number listed with this order, including, but not limited to, the authority with the Local Exchange Carrier ("LEC") to change its primary interexchange carrier to United Telecom. The Customer hereby authorizes and directs any LEC, other common carrier, or equipment vendor ("Supplier") to make information pertinent to the telecommunications services available to United Telecom. Customer further authorizes Supplier to deal directly with United Telecom and to follow its instructions with reference to any order for, changes to, or removal of the designated services which are provided. Customer understands that only the one interexchange carrier for any one telephone number and that any change to the primary interexchange carrier for a telephone number may involve a charge to customer by supplier, customer remains solely responsible for paying all the supplier charges, while United Telecom assumes no obligation to pay these charges. This agreement shall remain in full force and effect until written notice of cancellation is received by United Telecom. Customer warrants that any credit or financial information submitted to United Telecom is correct and true. Customer authorizes United Telecom agents to perform credit checks and to investigate bank references and other credit or financial information submitted to United Telecom, where permitted.

Name / Title • Please Print	Authorized Customer Signature	Date	Authorized Telecom Rep	Date

							S	ervice Ord	er Ad	ldend Forn		
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United Telecom							P	age of	f Service O	rder#		
SERVICE ORDER FORM MUST BE ATTACHED OR ON FILE.			ACCOUNT #									
				□ CHANGE								
BILLING NAME:			DBA:									
CUSTOMER CONTACT NAME: PHONE:			REP NAME: REP ID:									
			RET TVINIE.				REI ID.					
	Telepl	none lines to	be serviced	d/ Outbou	nd Sv	vitched	l Service	S				
DEL C		Customer	stomov							Accounting		No To
Service: Refer to Local Exchange Carrier statement for BTN/WTN accuracy	#1	Code	InterLATA	IntraLATA	Both	WTN	Data/Fax	Cellular	Residential	Codes		BOC
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