



Customer Information

Billing Name _____ Contact Name _____ Contact Number _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____ Federal ID Number / Date of Birth* _____

*A FIN is required for Business Accounts. Residential customers must enter their DOB. This information is used for account verification.

Rates	
Interstate Rate: _____ ¢ / min	Local Toll / Intralata: _____ (Billed at the same rate as Intrastate)
Intrastate Rate: _____ ¢ / min	YES <input type="checkbox"/> NO <input type="checkbox"/>

Below, please list all phone numbers you want to switch to Uni-Tel
 Please include an attached sheet for additional numbers.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Paperless/E-Billing Invoice Option	Yes <input type="checkbox"/>
• Receive invoice online via EMAIL, and no longer receive invoice via US MAIL	

Authorizations

I authorize Telecom Management Group, Inc., DBA UniTel, DBA Global Uni-Tel, to notify my local telephone company that I am choosing Uni-Tel as my primary carrier for long distance service. I understand that I can have only one primary carrier for this service per telephone number listed on this form, and my local telephone company may apply a small fee for this and any other change. A switching charge may be incurred each time the underlying interexchange company is changed. I also appoint UniTel, to act in our name and stead, to coordinate all present and future telephone lines/numbers at all locations that are under my control for the provisioning of long distance service. In addition, this appointment of agency gives Uni-Tel the authority and right to: Issue instruction to and otherwise deal with the local exchange company and/or long distance company, and obtain duplicate copies of customer records, telephone bills, and any other information Uni-Tel requires. This authorization shall remain in effect until further written notice. Customer shall be billed on a monthly basis. Customer shall pay the invoice by the due date stated on said invoice. If payment is not received by the due date customer shall pay a late fee in the amount of five dollars (\$5.00) per month or the maximum lawful rate under applicable state law. A \$2.99 service fee will be charged to accounts that fall below twenty dollars (\$20.00) in current usage in any given month, unless Customer selects Paperless Statement/E-billing invoice option in which case this fee will be reduced to \$1.99. A twenty-five dollar (\$25.00) fee will be charged to accounts whose service is disconnected for non-payment, or whose balance becomes 60 days past due. All calls received on a toll free number are the responsibility of the Customer and not the Company. Uni-Tel reserves the right to designate or assign this service agreement to any subsequent providers or to any other carriers providing service and changing underlying carriers. I have read and understand this Letter of Authority. I am at least eighteen years of age and legally authorized to change telephone companies for services to the telephone number(s) listed above.

Toll Free Service

New Toll Free Number: YES NO

Ring to Number: (_____) - _____

Requested 8xx Number
 800 888 877 866 _____
 800 888 877 866 _____
 800 888 877 866 _____

Existing Toll Free Number: YES NO
 (Please complete RESPORG Form)

Calling Card Service

Calling Cards: YES NO
 Quantity: 1 2 3

Authorized Signature - Title _____

Printed Name _____ Date _____

Agent Name (if applicable) _____ Agent # _____

Accounting Codes

Account Codes: YES NO
 Non Verified: 4 Digits Only
 Verified: Fill out PAC Form