



Application and Letter of Authorization (LOA)

Fax to: 1-801-881-2448

Today's Date _____

New customer
 Existing Startec customer

Sales Rep ID #: AG9979

| Products Picked | |
|---|--|
| STAR - No monthly fee, minimum usage \$5 | ULTRA Online Plan - No monthly fee, PAP Credit Card |
| STAR PLUS - No monthly fee, minimum usage \$10 | ULTRA Plan - No Monthly Fee, min usage fee \$2.50 (\$5usage) |
| STAR ONLINE - no fee, no minimum usage | ULTRA Plus Plan -No Monthly Fee, Min usage fee \$2.50 (\$10 usage) |
| STAR PLUS US- \$19.95 Monthly Fee | ULTRA Plus USA Plan \$19.95 Monthly Fee |
| STAR ONLINE US - \$19.95 Monthly Fee,PAP Credit Card | ULTRA Online USA Plan \$19.95 Monthly Fee,PAP Credit Card |
| CELL CONNECT_STAR ONLINE | Ultra Cell Connect Online |
| CELL CONNECT_STARPB(also ONLINE) | Ultra Cell Connect |
| Toll Service (if none of the boxes are checked the customer will be automatically picked for Local Toll and Long Distance Service) | |
| <input type="checkbox"/> Local Toll & Long Distance | <input type="checkbox"/> Long Distance |
| | |
| Customer Billing information | Credit Card Information (Online Billing ONLY) |
| Name: _____ | |
| Address: _____ | |
| City, State, Zip: _____ | |
| Phone: _____ | |
| Email: _____ | |
| Local Company _____ | |
| | |
| Important Information for Internet Service | |
| Additional Phone Numbers to Switch to Startec: | |
| () _____ (Plan) _____ | |
| () _____ (Plan) _____ | |
| () _____ (Plan) _____ | |
| () _____ (Plan) _____ | |
| () _____ (Plan) _____ | |
| TPV Number _____ | |

I certify to the truth and accuracy of the above information and authorize Startec Global Communications to obtain any bank and/or credit reports or other information that it may deem necessary prior to approving the service(s) requested under this application. I further certify that I have read, understand and accept this Agreement's terms and conditions, both expressed and implied, without exception, and that I have received a completed copy of it. **Do not sign incomplete form.**

I, the undersigned, hereby authorize Startec Global Communications to switch **my long distance service and or my local toll service** to Startec Global Communications for the telephone number(s) listed above. I understand this authorization changes my long distance carrier. I understand that I may choose only one long distance carrier for each telephone number. I also understand that my local phone company may apply a charge for this change.

Printed Name _____

Title _____

Signature _____

Date _____