Business account

American Phone Services

Letter of Agency for
Long Distance and/or Toll Free Service

I certify that signing this document:

- ☑ I am 18 years of age _____ Date of birth _____ Your Initials [ ]
- ☑ I have the proper authority to make decision on my long distance service to the phone number(s) listed above _____ Your Initials [ ]
- ☑ I hereby authorize American Phone Services ("APS") to become my long distance telecommunication provider _____ Your Initials [ ]
- ☑ I hereby authorize American Phone Services ("APS") to become my carrier for local toll calls (if available in my area) _____ Your Initials [ ]
- ☑ I authorize APS to act as our/my telecommunication's representative and give them authority to change my long distance carrier _____ Your Initials [ ]
- ☑ I understand that I can have only one primary carrier per telephone number(s) listed below, and my local telephone company may apply a small fee for this change _____ Your initials [ ]
- ☑ I understand that my Local Telephone Company may charge me a small fee each time I switch Long Distance Provider _____ Your initials [ ]

Printed name, Title _____ **Authorized Signature** _____ **Date Signed** _____

Est. Usage	Intrastate	Interstate	International

YES! **Please send me an APS Calling Card!** [ ] **Quantity desired:** [ ]

Please identify main billing telephone numbers and list additional telephone lines under the billing telephone number.

Billing Telephone #	Billing Telephone #	☐ Issue a new toll free 888/800 number. List # it should ring on below.	☐ Put my existing toll free numbers listed below on your service.

Working Telephone #'s	Working Telephone #'s	Toll free 888/800#'s / phone # it rings on
		/

Billing Name _____

Location Address _____

City _____ **State** _____ **Zip** _____

Local Telephone Co. Name _____ **Current Long Distance Carrier** _____

Main Telephone Number _____ **Fax** _____

Soc.Sec.No. or Tax ID No. _____ **E-Mail Address** _____

(This area for agent use only)

Agent Name (Printed) _____ **Agent Signature** _____ **Rep. ID** _____