

American Phone Services

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

I certify that signing this document:

Date of birth

I am 18 years of age

Your Initials

I have the proper authority to make decision on my long distance service to the phone number(s) listed below

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 American Phone Services 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 _____

Authorized Signature _____

Date Signed (mm/dd/yy) _____

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 #

Area Code and Number

Billing Name

Location Address

Additional Working Telephone #'s

Area Code and Number

City State Zip

Area Code and Number

Local Telephone Co. Name:

Area Code and Number

Current Long Distance Co.

Area Code and Number

Social Security Number E-Mail Address

(This area for agent use only)

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