



**SUBSCRIBER SERVICE AGREEMENT/
LETTER OF AUTHORIZATION
FAX BACK TO: 1-888-810-3200**

Company Name:	Contact :
Physical Address:	Contact Number:
	Fax Number:
Billing Address (if different):	F.I.D./SSN
	Tax Exempt (if yes Attach Cert.) : <input type="checkbox"/> Yes <input type="checkbox"/> No

Service Information	
Local Service (Where Applicable)	Service Class: <input type="checkbox"/> POTS <input type="checkbox"/> PBX Trunks <input type="checkbox"/> ISDN <input type="checkbox"/> Other _____ Service Type: <input type="checkbox"/> Conversion as is <input type="checkbox"/> Conversion with changes <input type="checkbox"/> New Service
Long Distance Service	<input type="checkbox"/> Switched <input type="checkbox"/> Intra (in-state 1+) <input type="checkbox"/> Inter (state-to-state 1+) <input type="checkbox"/> Toll Free
Calling Card information	Name: _____ Pin: _____
Name: _____	Pin: _____ Name: _____ Pin: _____
Length of Term:	<input type="checkbox"/> Month to month <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year Estimated Usage _____
Current Carrier:	Current LEC:

BTN/ANI Information					
Billing Telephone Number/ Other Working Telephone # ^s	Business or Residential	Type	Accounting Codes	Validated Codes	# of Digits (2-6 digits)
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
()	<input type="checkbox"/> Business <input type="checkbox"/> Residential	<input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> Modem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Toll Free Information		
Toll Free Number	Ring to Number	Previous Carrier
()	()	
()	()	

I authorize NUI TELECOM, Inc. To act as our Agent for the selection of "1 Plus" services and 888/800 number RESPORG for the above location. I understand that there is a PIC change fee charged by my LEC to facilitate this selection. This SSA (Subscriber Service Agreement)/Letter Of Authorization (L.O.A.) gives NUI TELECOM, Inc. to receive any information from my LEC to facilitate this order, and to remove and re-institute any PIC freeze(s) on my account. Further, I agree to pay all toll charges by due date stated on the invoice. Failure to do so may result in discontinuation of service. The undersigned agrees to pay a reasonable attorney fee and/or collections fees if the account is turned over to an attorney or collections agency.

I Authorize NUI TELECOM, Inc. as our Agent for the following Services: Local Services, or Dial tone (when applicable)
 Long Distance Services Intralata/Intrastate Services Toll Free Services (RESPORG)

The undersigned is not an agent for any third party. The undersigned represents and warrants that it is the exclusive end using subscriber for the 888/877/800 and "1 Plus" numbers listed above.

Printed Name _____ Authorized Signature _____ Date Signed _____

Rate Information	Interstate	Intrastate	Toll Free	Calling Card	Local Svs. Discount	%
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This area for agent use only

Agent Signature _____ Agent ID # **8016-10**