



SERVICE AGREEMENT

CUSTOMER #		AGENT #: Phone: (617) 489-5952 Fax: (617) 489-9945	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Long Distance Post LLC	
Customer Status: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Former		SALES AGENT ID#: 1000000	
CUSTOMER INFORMATION			
Customer Name: or Company Name:		SSN: DoB:	Est. Monthly Usage: \$
Street Address:.....			
City:.....		State:.....	ZIP:.....
Telephone #: (.....)		FAX#: (.....)	
Local Telephone Company Name:			
Mailing Address (if different):			
City:.....		State:.....	ZIP:.....

Mark the Services you want to order:

Switch my Interstate and Intrastate LD carrier on telephone numbers listed below to **ComTech21 (select one)**:

- Long Distance Savings (PT563)** (Services are provided on Williams Communications network)
- Long Distance Savings (PT561)** (Services are provided on Global Crossing network)
- POZOVI-I-PRICAJ (PT543)**

() - _____ () - _____ () - _____
 () - _____ () - _____ () - _____

TO: All Local Exchange Companies (LECs), Long Distance Companies (IXCs), Resellers, Rebillers, and Regional Bell Operating Companies (RBOCs). Please be advised that by this letter, I/we do hereby authorize LDPost & ComTech21 to act as our communications agents to: place service orders, change network carriers, obtain telephone account information/numbers, PIC codes, and any other customer information needed to delegate agency to vendors and authorizing them to implement contracted services for interstate, intrastate, and/or intralata long distance services. Customer is responsible for payment of all charges for service. Service availability is subject to Customer meeting ComTech21's credit criteria. Customer warrants that any credit/financial information submitted to LDPost & ComTech21 is accurate. Customer authorizes ComTech21 to perform credit checks and investigate Customer's bank and other credit references, where permitted by law. The person(s) signing this document are authorized to sign on behalf of the customer. Accordingly, I/we request that you give full cooperation to all requests from LDPost & ComTech21. I/we understand that LDPost & ComTech21 or my/our new carrier (or any of its affiliated companies) will notify me/us once any changes have occurred. I/we understand and agree to hold ComTech21 harmless for any expenses incurred pertaining to my/our long distance service connection or usage, and further agree that a facsimile copy of this letter will be considered the same as the original. This agency shall remain in effect until canceled in writing.

Signature: _____ SSN or EIN: _____ - _____ - _____

Printed Name: _____ Date: _____

Internet Access (username@comtech21.us)

First Choice for username: _____
(4-15 characters/numbers)

Second Choice for username: _____
(4-15 characters/numbers, if the first choice username is not available)

Password: _____ Security Word: _____
(4-15 characters/minimum) (Mother's Maiden Name)

Call & Talk Travel Card (PT551)

Please list names to appear on Card:

800 NUMBER, Toll Free Any Time (PT433)

Assign a new 800 number and make it ring at: () - _____

Signature: _____