

BELMONT, MA 02478-0004 Telephone 617-489-5952 FAX 617-812-0370 LDPOST@LDPOST.COM

## OfficeAnywhere SERVICE ORDER (PT905)

| SALES AGENT ID#: PLEASE PROVIDE YOUR PERSONAL INFORMATION:  |  |  |
|---|--|--|
|   |  |  |
| First Name: Last Name:  |  |  |
| Company Name:   |  |  |
| Street Address:   |  |  |
| City:State:ZIP:   |  |  |
| Day-time phone #: () ext Mobile phone #: (  |  |  |
| Phone #: ( FAX#: ()   |  |  |
| E-mail Address:   |  |  |
| Mailing Address (if different):   |  |  |
| City:ZIP:   |  |  |
| SERVICE DETAILS:  |  |  |
| Assign a new 800-number OR Transfer existing 800-number: #: ()  |  |  |
| Forward the above 800-number to the following number:   |  |  |
| 1   |  |  |
| PAYMENT INFORMATION:  |  |  |
|   |  |  |
| OfficeAnywhere SERVICE (PT905)  |  |  |
| I authorize Long Distance Post, LLC to charge my credit card provided below an initial amount of \$75.00 (\$25.00 set-up fee + \$50.00 initial prepaid amount) for the OfficeAnywhere service. I agree that this amount is not refundable.  |  |  |
| I authorize Long Distance Post, LLC to recharge this service account in \$50.00 automatically every time the balance goes below \$10.00  Card Type: USA MasterCard  |  |  |
| Card Type: □ VISA □ MasterCard  Amount in USD:  |  |  |
| (please also spell out the amount in \$ US)   |  |  |
| Card Number: Exp. Date: CVV code: (3 last digits on the signature panel strip on the back of your care  |  |  |
| Address information exactly as it appears on your credit card bill:   |  |  |
| Street Address:   |  |  |
| City: Country: Country:   |  |  |
| By signing below I authorize LDPOST to charge my credit card as shown above. I read and agree to the terms of service.  Calls billed in 1-minute increment. Prepaid amount is not refundable in cash. Rates determined by tariff and subject to change without notice. Long Distance Post, LLC makes best possible efforts to maintain the rates as low as possible. However, these rates are defined by wholesale market rates, and, as market rates change, so will the OfficeAnywhere service rates. Rates can be reduced or increased at any time without notice. 10% flat tax is collected. Tax application has effect of reduced number of minutes on prepaid amount. |  |  |
| Authorized Signature:   |  |  |
| Printed Name:   |  |  |

Fill out this form and fax it to 617-812-0370 or mail it to Long Distance Post LLC, PO Box 481, Belmont, MA 02478-0004



**BELMONT, MA 02478-0004** Telephone 617-489-5952 FAX 617-489-9945 LDPOST@LDPOST.COM

| RESP ORG CHANGE REQUEST FORM A  |                       |  |  |
|---|-----------------------|--|--|
| (Fill this Resp Org Form only when transferring an existing Toll-Free number) |                       |  |  |
| Today's Date:   |                       |  |  |
| Toll-Free Numbers:  |                       |  |  |
|   |                       |  |  |
|   |                       |  |  |
| NEW RESP ORG  | <u>AUA61</u>          |  |  |
| New Resp Org Contac   | ot:                   |  |  |
| New Resp Org Teleph   | one #: (541) 593-2900 |  |  |
| New Resp Org Fax #:   | (541) 593-2090        |  |  |
| CUSTOMER INFORMATION:   |                       |  |  |
| Company Name:   |                       |  |  |
| Company Street Address:   |                       |  |  |
| City:   | State:ZIP:            |  |  |
| Authorized Customer   | Contact:              |  |  |
| Contact Title:  |                       |  |  |
| Authorized Customer Phone #: () ext.  |                       |  |  |
| Authorized Customer Fax #: (  |                       |  |  |
| E-mail Address:   |                       |  |  |
| ATL Communications is the Resp Org for Long Distance Post                     |                       |  |  |
|   |                       |  |  |

Authorized Signature: .....

Printed Name: .......Date: .....