

Agent: Jim Backstrom --- 1-800-807-0010

N.E.T.Inc Telecom

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General Information	Service Information
Account Name: _____ Social Security or TAX ID _____ Contact Number _____ Email Address _____ Physical Address _____ City, State Zip _____	Check One <input type="checkbox"/> Residential <input type="checkbox"/> Business Estimated Monthly Billing \$ _____ Local Phone Company: _____
<p style="text-align:center;">Billing Information <i>(if different)</i></p> Billing Address _____ City State Zip _____	<p style="text-align:center;">Rate Information</p> Interstate Rate: 3.5 cents Intrastate Rate: Varies *** *** Ask Agent for your In-State rate Usually is higher than 3.5 cents
Credit Card REQUIRED for Billing (Visa or Master Card only) Card Type _____ Card Expire _____ Card # _____ Name on Card _____	<p style="text-align:center;">Rep Code: 70220</p>
<p style="text-align:center;">Long Distance Information</p> <input type="checkbox"/> Yes, Please change LD for Interstate and Intrastate/IntraLata List Telephone numbers to Switch Long Distance () _____ () _____ () _____	<p style="text-align:center;">Check Here</p> <p style="text-align:center;">Toll Free ONLY – Do NOT PIC Long Distance</p>
<p>Toll Free Information <i>(\$2.50 Monthly Fee per TF Number)</i></p> Check Request for New Service: <input type="checkbox"/> Any TF# <input type="checkbox"/> Any 800 <input type="checkbox"/> Any 888 <input type="checkbox"/> Any 877 <input type="checkbox"/> Any 866 <input type="checkbox"/> Vanity TF Ring To Number (RTN) () -- -- <i>Transferring an Existing number requires additional form</i> Existing Toll Free Number _____	Vanity Request: (<input type="checkbox"/> <i>checked availability</i>) Choice 1 – () _____ Choice 2 – () _____ Choice 3 – () _____
<p>I accept the terms of this service agreement as shown herein. I authorize N.E.T Inc. to be my presubscribed carrier for the services and telephone number(s) designated above and to act as my agent in all matters related to providing the said services. I represent that I am authorized to make changes in regard to these services. I warrant that all information provided herein is correct to the best of my knowledge. I also authorize N.E.T Inc. to notify my local telephone company or other carries or vendors and to lift any existing pic restrictions existing on my lines and place new PIC restriction on my lines after they have been switched. I understand that the local telephone company may impose a fee per telephone number for this change from my current long distance carrier. I also understand that I will be responsible for any fraudulent usage that appears on any lines that I have subscribed to N.E.T Inc.. I authorize N.E.T Inc. to conduct a routine credit investigation and I understand that any information obtained will be held strictly confidential and remains property of N.E.T Inc. whether or not credit is extended. If payments are not made when due and N.E.T Inc. attempt to collect said payment is not successful, regardless of whether credit billing is selected, the credit card listed above may be charged without further notice to me. Any indebtedness due or to become due to N.E.T Inc. under terms of the application and guarantee will be due and payable in full at the creditors office.</p>	
Authorized Signature: _____	Date: _____
<p>Print Name: _____</p>	