

PIONEER TELECOM, INC.

APPLICATION FOR SERVICE

I. CUSTOMER INFORMATION

BILLING NAME: _____ ☐ Residential Acct. ☐ Business Acct.

(As seen on the Local Telephone Company's bill)

BILLING ADDRESS

SERVICE ADDRESS

STREET

STREET

CITY, STATE

ZIP

CITY, STATE

ZIP

_____ BTNS Assoc. with this Billing Address

☐ MASTER BILL TO: () _____

CONTACT NAME

CONTACT TELEPHONE NO.

☐ RESIDENCE BILL TO BTN: () _____

TYPE OF BUSINESS: _____ PREV. MTHLY.USAGE:\$ _____ PROJECTED USAGE:\$ _____

CURRENT LONG DISTANCE CARRIER: _____ LOCAL TELEPHONE CO.: _____

☐ MOST RECENT LD BILL REQUESTED ☐ LD BILL FAXED ON _____

II. TELEPHONE NUMBERS

NUMBER	BILL DESC.	8XX NUMBER	RING TO NUMBER	New#:PT Res or Van
() _____	BTN	() _____	→ _____	_____
() _____	FAX#	() _____	→ _____	_____
() _____				
() _____		8XX FORMS: <input type="checkbox"/> RESP ORG <input type="checkbox"/> VANITY <input type="checkbox"/> ROUTING CNTRL. <input type="checkbox"/> NPA / STATE BLOCKING		
() _____		*800 Dir.Assist.: PUB* _____ NON-PUB _____ (*A \$15.00 monthly service fee is applied per listed name)		
() _____		<input type="checkbox"/> ADDTNL. ANI FORM <input type="checkbox"/> APPLY MTHLY. SVC.CHARGE <input type="checkbox"/> CREDIT CUST. LEC CHARGES		
() _____		<input type="checkbox"/> PIC FREEZE <input type="checkbox"/> ACCOUNT CODES _____ DIGITS <input type="checkbox"/> VERIFIED <input type="checkbox"/> UNVERIFIED		
		<input type="checkbox"/> PIC - INTER ONLY <input type="checkbox"/> PIC - INTRA ONLY <input type="checkbox"/> PIC - INTER/INTRA		

III. SERVICE

PRODUCT PLANS	INTERSTATE	INTRASTATE
PIONEER 1 PLUS		
PIONEER 800		
PIONEER TRAVEL CARDS		
Number of Cards: _____		

SPECIALNOTES: _____

LETTER OF AGENCY

THE UNDERSIGNED HEREBY AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT FOR SERVICE . SUBSCRIBER ACKNOWLEDGES THAT THIS AGREEMENT FOR SERVICE IS SUBJECT TO APPROVAL BY PIONEER TELECOM, INC. SUBSCRIBER HEREBY AUTHORIZES PIONEER TELECOM, INC. TO VERIFY ALL LISTED INFORMATION FOR CREDIT PURPOSES. SUBSCRIBER ACKNOWLEDGES THAT A \$3.00 SVC. FEE WILL BE ASSESSED IF MONTHLY BILLING REMAINS UNDER \$50.00 PER MONTH.

I HEREBY APPOINT PIONEER TELECOM, INC., AS MY COMPANY'S PRIMARY LONG DISTANCE CARRIER FOR EQUAL ACCESS SERVICE. I UNDERSTAND THAT I MAY DESIGNATE ONLY ONE LONG DISTANCE CARRIER FOR EACH TELEPHONE NUMBER AND THAT MY LOCAL TELEPHONE COMPANY MAY ASSESS ME A CHARGE FOR THIS CHANGE. I AUTHORIZE PIONEER TELECOM, INC. TO MAKE ARRANGEMENTS WITH MY LOCAL TELEPHONE CO. TO COORDINATE THIS AGREEMENT, WHICH MAY BE REVOKED AT ANY TIME.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

REFERRED BY: _____ AGENT: WIRE EXCELLENCE

PLEASE FAX TO (908) 788-9605

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