



Customer Service: 888-662-6622

REQUIRED INFORMATION	
* Agent ID: FMC000000	* Rate Plan: Easy2.5
* Estimated Usage: \$	* Local Carrier:
* Previous LD Carrier:	

RESIDENTIAL APPLICATION TO CHANGE LONG DISTANCE SERVICE

CUSTOMER PHYSICAL ADDRESS INFORMATION			
NAME			
STREET		SUITE NO.	
CITY	STATE	ZIP CODE	-
EMAIL	SOCIAL SECURITY NO.		
CONTACT	CONTACT NUMBER		() -

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
ADDRESS			
CITY	STATE	ZIP CODE	-

BILLING TYPE: Electronic Invoice Paper Invoice
PAYMENT TYPE: Credit Card Check Draft (ACH) Pay by Check
 TO PAY YOUR BILL BY ACH CHECK DRAFT OR BY CREDIT CARD, FAX COMPLETED ACH FORM (WITH VOIDED CHECK) OR CREDIT CARD FORM TO (888) 767-5599

SERVICE DETAIL (List telephone lines to be switched, including FAX & internet lines)
Check All That Apply: Long Distance (Interlata) Regional Toll Calls (Intralata)

AREA	NUMBER	AREA	NUMBER	AREA	NUMBER	AREA	NUMBER
()		()		()		()	
()		()		()		()	

EXISTING TOLL-FREE NUMBER(s): You must fill out a "RESPONSIBLE ORGANIZATION" change form.

RING-TO NUMBER(S)	TOLL-FREE # (TFN)	RING-TO NUMBER(S)	TOLL-FREE # (TFN)
()	(8)	()	(8)

I WOULD LIKE A NEW TOLL-FREE NUMBER USING THIS RING-TO NUMBER: ()

CALLING CARDS (one-time \$0.99 setup fee for each calling card)
 Enter names to appear on the cards & (optional) a 4-digit PIN for each card
 The following PIN #s will not work in the switch and cannot be accepted:

- PIN #s that are all the same digit. (Example: 5555)
- PIN #s that start with 0. (Example: 0248)
- PIN #s whose first two digits are the same as the last two digits of the phone number.
 (Example: 918-555-2233 PIN 3318)

#	NAME(S) ON CALLING CARD(S)	PIN	#	NAME(S) ON CALLING CARD(S)	PIN
1			2		

My signature authorizes Enhanced Communications Group L.L.C. to switch my long distance service to Enhanced Communications Group L.L.C. as indicated above. I understand that only one long distance provider may be designated as my preferred provider. As my preferred provider, I also understand that only one provider may be designated as my preferred regional toll provider, as may be permitted by my jurisdiction. I hereby appoint Enhanced Communications Group L.L.C. as my agent in all matters related to the services provided by Enhanced Communications Group L.L.C. to me for each of the numbers listed. My signature also evidences that I am the subscriber to the telephone number(s) listed and am authorized to make service changes. Applications subject to credit approval based upon applicant information provided by credit reporting agencies. Enhanced Communications Group L.L.C. reserves the right to establish monthly customer usage limits. I understand that my Local Exchange Carrier may charge me a Primary Interexchange Carrier (PIC) change fee for each number and service switched.

SIGNATURE:		DATE:	/ /
NAME (printed):			

I understand that my signature will result in a change in PIC for long distance services indicated above.