



Spectra/Q       Spectra/E       Spectra/W

**1234 Court Street #B Clearwater, Florida USA 33756**  
**800-685-0335 Fax 800-615-1326**



Billing Information: (Only if different than information below)

Bill to Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ SS# or EIN# \_\_\_\_\_ **Residence**   
**Business**   
 Company Name: \_\_\_\_\_ Est. Monthly Usage \$ \_\_\_\_\_ **Check here for GA Direct**

Address: \_\_\_\_\_  
Street Address      City      State      Zip      Local Phone Company      Long Dist. Company

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check Here For GA Telecard    Card Limit: \_\_\_\_\_ # Cards: \_\_\_\_\_ Name(s) on Card: \_\_\_\_\_

***Letter of Authorization Long Distance and/or Toll Free Service***

Customer hereby requests long distance service(s) through Telegroup, Inc. Customer appoints Telegroup as its agent for ordering changes from its current long distance carrier to Telegroup. Telegroup may deal directly with Customer's local telephone company, or with any vendor, in all matters pertaining to this agency. Customer understands that only one long distance company may be designated as the presubscribed carrier for the telephone numbers listed below. Customer's local telephone company may charge a fee to switch long distance service. Undersigned represents that he/she has authority to order changes in long distance service(s) for Customer, including all Toll Free Service (Responsible Organization) changes. All Toll Free numbers requested are no guaranteed and should not be published until Telegroup notifies customer that the Toll Free number is active. This letter remains in effect until written cancellation is received by Telegroup from Customer. All orders are subject to credit approval. Customer authorizes Telegroup to check credit. No monthly service charge or minimums apply.

Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Please identify main billing telephone numbers and list additional telephone lines under the billing telephone number.

Use this area to apply for or switch the **800/888 Information**

Billing Telephone #

Billing Telephone #

Issue a NEW toll-free 888 number. List # it should ring on below       Put my EXISTING toll free numbers listed below on your service      Area of Service **USA**

Working Telephone #'s

Working Telephone #'s

888/800#'s / phone # it rings on



Rate **10.9**

Company Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Local Telephone Co.    Current Long Distance Carrier \_\_\_\_\_  
 Main Telephone Number    Estimated Monthly Usage \_\_\_\_\_

**By signing in the Authorized Signature space, customer accepts full responsibility for payment for all misdialed 800 calls.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_