

Account # _____

Order # _____

Effective Date _____

Billing Cycle: A B C D

* Required Fields

A Location/Primary Service Information

New Account

Add to Existing Account

Move to New Address

Legal Name *	Sole Proprietorship	Partnership	Corporation
Service Address *	Corporate Sub-Account	Type of Business	
City, State, Zip *	Bank Name	Years In Business	Credit Score
Primary Site Telephone Number (Mandatory for proper taxing) *	Federal Tax ID/Soc Sec Number *	State Corp Charter Number *	
Primary Contact *	Primary Contact Telephone *	Primary Contact Fax *	
Alternate/Billing Contact *	Alt/Billing Contact Telephone *	Alt/Billing Fax *	
Technical Contact *	Technical Contact Telephone *	Requested Service Date <input type="checkbox"/> ASAP or <input type="checkbox"/>	

Alternate Billing Address

Change Current Billing Address

Mailing Address	City, State, Zip
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Z Location Service Information (required on point-to-point services)

Contact Name	Contact Telephone	Fax/Other Telephone
Address	Contact Email Address	
City, State, Zip	Additional Loc Info	

Service Description

Product	Charge Code	Rate Plan	Term	Qty	Monthly Charge Ea.	Non-Recurring Charge

ACCEPTANCE

By signing below I acknowledge that I have read and initialed the Terms & Conditions on page two of this agreement

AGREED BY _____ PRINTED _____ TITLE _____ DATE _____
Customer

AGREED BY _____ PRINTED _____ TITLE _____ DATE _____
Utility Telephone, Inc.