

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 <b>or</b> <input type="checkbox"/>	

Alternate Billing Address	Change Current Billing Address
Mailing Address	City, State, Zip

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.