



Long Distance

ACN Communication Services, Inc.

Letter of Authorization for Residential Long Distance Service

ACN World Headquarters, P.O. Box 9000, Farmington Hills, MI 48333-9000

CHOOSE ONE

☐ **4.9¢ Plan**
4.9¢ per minute
state-to-state
\$4.99 Monthly fee

☐ **Choice 30**
30 state-to-state minutes for \$1.99
(Additional minutes are 8.9¢)
All Choice 30 minutes must be used within the current
billing cycle

(If you do not designate a plan, you will be placed on the 4.9¢ per minute plan with a \$4.99 monthly fee)

OPTIONAL

☐ **International Plus**
Additional \$3.00 per month

☐ **Home Toll-Free Service**

CUSTOMER INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

Previous address (if at current address for less than 2 years)

Address _____ City _____ State _____ Zip _____

Customer Social Security Number _____ - _____ - _____ **OR** Customer Date of Birth _____ - _____ - _____
MM DD YY

BILLING INFORMATION (if different than above)

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

I agree to subscribe the following numbers to ACN:

Main (_____) _____ - _____

Additional (_____) _____ - _____

Additional (_____) _____ - _____

Current PIC Freeze? Yes ☐ No ☐

☐ Yes, I would like _____ calling card(s) with the following name(s):

Card #1 Name _____

Card #2 Name _____

Card #3 Name _____

Card #4 Name _____

☒ I choose ACN Communication Services, Inc. ("ACN") to be my preferred carrier for long distance state-to-state, in-state, and international calls

☐ I also choose ACN to be my preferred carrier for local toll calls (where available). *Rates for in-state and local toll calls vary by state.*

CUSTOMER AUTHORIZATION

I certify that I am at least 18 years of age. The phone numbers listed on the authorization are listed in my name and/or I am authorized to change the long distance service. My signature on this form authorizes ACN to act as my agent to notify my local phone company of my decision to change from my current long distance service to ACN. I understand that my local phone company may charge me a fee to switch long distance carriers, and that I may designate only one primary interexchange carrier for any one telephone number for state-to-state, in-state and international usage; and that I may designate only one primary interexchange carrier for any one telephone number for local toll calls (where applicable). I further understand that to have ACN local toll service, I must also subscribe to ACN service for state-to-state, in-state and international calling as well. Selection of ACN will apply to the telephone number(s) listed on this form. My application may be subject to credit review. ACN may use any information obtained through this service application or from any credit reporting agencies.

Signature _____ Date _____
MM DD YY

PRE-AUTHORIZATION PAYMENT APPLICATION (OPTIONAL)

Please provide either credit card or bank account information below for pre-authorized payment option.

Visa ☐ Mastercard ☐ Amex ☐ Discover ☐ Credit Card Number _____ Expiry Date _____

Cardholder's Name _____ Cardholder's Telephone Number _____

If selecting pre-authorized payment by bank account, please attach a voided personal check to this agreement.

Bank Account Number ☐ _____ Name of Person on the Bank Acct. _____

I hereby authorize ACN to charge the above indicated credit card or bank account on a monthly basis for payment of the outstanding balance of the ACN account appearing on this application form. In the event any charges are returned to ACN by the credit card issuer or bank account, I give ACN the authority to correct the information causing such return to resubmit the charge against this credit card or bank account. In the event that ACN returns any payment or portion of a payment made through this authority, I agree that such payment will only be made back to the credit card indicated on this authority or by check if paid from my bank account. This authority will stay in effect until I notify ACN in writing of the cancellation of this authority or the above indicated ACN account is closed and paid in full.

Authorization Signature _____ Date _____

ACN INDEPENDENT REPRESENTATIVE & ACN INTERNAL USE ONLY

Representative
Name

Representative
Signature

Representative
Team ID

WHITE - ACN

YELLOW - REPRESENTATIVE

PINK - CUSTOMER

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