

Agent Account Activation Form

Date: _____ Agent Name: _____ ID: _____

Linx Local # : (____) _____ Linx T.F# : (____) _____
(\$.00 Monthly Fee with Local Number)

Consolidated Billing Yes No BOSS Parent #:
Company Calling Group Yes No
If Yes (____) ____ - _____
 Month to Month 6 Month Term Agreement 12 Month Term Agreement

User Name: _____ SS # : _____
Home Address: _____ D.O.B ____/____/____
City: _____ State: _____ Zip: _____ Phone (____) _____
Fax (____) _____ E-Mail Address: _____
Company Name: _____

Service Type: _____
Set Up Fee: \$ _____
Monthly Fee \$ _____

Rates:
Local: .05/min **Long Distance:** .08/min **Toll free:** .08/min
**local connection fees may vary depending upon the location of the #*

Company Name: _____ User Name: _____
Company Address: _____ Users Title: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
E-Mail Address: _____
Point of Contact: _____ User E-Mail: _____
Tax I.D #: _____ Point of Contact

Finance Department

Credit Application Received: Yes No
Credit Card in good Standing: Yes No
Check Social Security Number & D.O.B Yes No

Authorized Signature _____
(Finance to sign off that account is in good standing)

Credit Card **Direct Billing**
 Individual Credit Card (for Individual Subscriber) Corporate Credit Card
Credit Card Billing Address: _____
City: _____ State: _____ Zip: _____
Credit Card : MasterCard Visa American Express Diners Club Discover Exp Date: ____/____
Credit Card #: _____ Month Year

Notes:

Primary # : _____ Pass Code: _____
Follow-Me : _____ Pager #: _____ Pin # _____
2nd Follow-Me : _____ Personal Operator : _____
E-Mail Notification : _____ External VM: Yes No