



WALDRON
COMMUNICATION COMPANY
Local Impact, Global Reach
LONG DISTANCE

Customer Information

Contact Name _____
 Company Name _____
 Contact Number _____
 Billing Address _____

 City _____ State _____ Zip _____

Credit Information

Waldron Telephone Co. Customer? () YES () NO
 Waldron Communication Customer? () YES () NO

Required Information

Social Security _____ (Residential)
 OR Federal ID _____ (Business)

Rates:

- ==> **Rates for Continental US calls**
 INTER State/Lata calls **.11 cents per minute**
 INTRA State/Lata calls **.11 cents per minute**
 TOLL Free Service **.12 cents per minute**

Payment Options

___ I will pay by check / money order.
 ___ I am interested in your automatic bank payment option.
 ___ I authorize Waldron Communication Co. to charge the full amount due to my credit / debit card each month on my billing date.

VISA MC DISCOVER

Card Number _____
 Expiration Date _____
 Name on card _____
 Signature _____

**For Assistance contact Customer Service
 517-286-6211 or 888-792-7958**

Phone number(s) to switch to Waldron Communication Co.

Area Code and Number	located at billing address
() _____	YES NO

To add additional lines, contact Customer Service

Toll Free Service: New Number YES NO
 Existing Number _____

Authorization

I hereby appoint Waldron Communication Co. to act as my agent in all matters related to long distance service and carrier selection for providing long distance service. The undersigned also authorizes any Local Exchange Company (LEC) to make pertinent information available to the Agent for this purpose and to follow the Agent's instruction's with reference to any order, or change to, long distance service, which the LEC provides to the undersigned, and hereby releases such LEC from any/all liability for doing so.

The customer's use of any common carrier transmission service provided by Waldron Communication Co. constitutes acceptance of the term and conditions of service. It is understood that there may be a charge from your local telephone company for each line upon conversion of service from another long distance carrier. I/We agree to terms and conditions set forth herein and represent authorization to execute this contract and agency on behalf of the entity having management and operational control of the business or property herein. I also authorize Waldron Communication Co. to obtain a credit check on me/ the company.

* ___ INTRAlata /INTRAstaate
 * ___ INTERlata/INTERstate & International

Authorizing Signature

* _____
 Print Name _____
 Date _____

***In order for your request to be processed immediately, It is very important to include your initials as well as your signature.**

**Please fax completed form to 517-286-6219
 Attn: Provisioning**