



RSLCOM
RSL COM U.S.A. INC.

Use for both Residential and Business Requests
(Please do not write in areas outlined in red)

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Disconnect <input type="checkbox"/> Other	Order Number
---	--------------

LOCATION & BILLING INFORMATION			
Name	Email Address	IGT Acct. # (1st 12 digits) (if applicable)	
Service Address	City	State	Zip
Phone	Fax	Contact Name	
Billing Address (if different)	City	State	Zip
Phone	Fax	Contact Name	
Current Long Distance Carrier		Est. Monthly Usage \$	Local Telephone Company
Customer Social Security Number (required for credit verification)			FID (for business)

SERVICE OPTIONS / PRODUCT CODES				
Contract Terms: Month to Month	Promotion PT227 IGT Program	Outbound PT 227	Inbound PT 227	PT 143 Card

Phone Number, TOLL-FREE & CALLING CARD INFORMATION (Attach additional Service Order Addendum as needed)

Phone Number		TOLL-FREE SERVICE	
Billing Tel. No.	()	<input type="checkbox"/> New (fill out terminating number only) <input type="checkbox"/> Existing (fill out toll-free number & terminating number)	
Add'l. Tel. No.	()	Existing Toll-Free Number	Terminating Number
Add'l. Tel.No	()	If you want to keep the same toll-free number check here <input type="checkbox"/>	
Add'l. Tel.No	()	()	()
Add'l. Tel.No	()	()	()
Calling Card Qty	Name	Name	Name

SALES INFORMATION & REMARKS	
Agent ID	Agent Name IGT

Letter of Agency

I hereby authorize RSL COM U.S.A., Inc. (RSL USA) to act as my agent in all matters relating to Preferred Carrier change(s) for the telephone number(s) listed above. I hereby confirm my decision to change my Preferred Carrier for interstate, interLATA, intrastate (within state) and international long distance services from my current telecommunications carriers for such services to RSL USA. I understand that by signing this Letter of Agency I will no longer be served by my current carrier for such service. I also understand that my local telephone company may charge me a fee to switch my carrier for that service to RSL USA. I further understand that I may designate only one carrier for each such service for any one telephone number, and therefore I hereby revoke any previous appointments or selections concerning the telephone number(s) listed above. I understand that RSL USA will be the carrier setting my rates for each of the above services. RSL USA may elect to provide service via resale, in which event another carrier's name may appear on my telephone bill. By signing and dating this Letter of Agency, I confirm that I have read and agree to the terms of this Letter of Agency. I certify that I am at least 18 years of age and that I have the proper authority to sign this Letter of Agency.

I authorize my local telephone carrier to change my local toll calling plan (intraLATA) to RSL COM U.S.A. INC. Yes NO

Signature

Print Name

Date

Fax order to: 305-573-2150

For Questions Call: 800-444-8872