INFINITY
Communications

309 East Mark Street, Marskville, LA 71351
Customer Service: 1-800-841-2403
Fax: 1-318-253-6131

INFINTY USE ONLY
AGENT CODE _____
P.O.N._____
DATE_____

CENTURY-TEL PREPAID LOCAL TELEPHONE SERVICE APPLICATION AGREEMENT

☐ **New Service**
☐ **Conversion** Previous Phone Company _____ Number _____

Physical address		Mailing address if different	
First Name			
Middle Name			
Last Name			
Physical Address		Physical Address	
Apartment Complex		Apartment Complex	
Circle One: Apt / Lot / Room		**Circle One**: Apt / Lot / Room	
City		City	
State		State	
Zip Code		Zip Code	
Daytime Telephone	(8 a.m. - 5 p.m.)		

$25.00 Activation Fee

Service Plan (excluding tax)

☐ Basic $49.95

Individual Features

☐ Call Waiting	$ 7.00
☐ Caller ID	$10.00
☐ Call Forwarding	$ 7.00
☐ Call Return	$ 7.00
☐ 3 Way Calling	$ 7.00
☐ Speed Dialing	$ 7.00

Activation	$
Plan Charge	$
Standard Service Total	$
	$
	$
	$
	$
	$
	$
	$
	$
Individual Features Total	$
FCC Tax	$ 6.50
Sub Total	$
Tax	$
Total Due	$

IMPORTANT CUSTOMER INFORMATION

The following agreement is for prepaid local phone service only.

1. Activation of service may take from 2 to 10 days in some areas.
2. You will be billed 10 -15 days prior to your due date.
3. Your due date will be determined by your initial connection date.
4. Your due date will remain the same date every month.
5. All fees are non-refundable.
6. Applicable Tax and FCC charges will appear on your bill.
7. Amount paid does not include BellSouth charges for problems with internal wiring, jack, individual telephone connections or any other parts.
8. All internal repairs must be authorized by Infinity Communications, Inc.

LATE FEES

One dollar per day up to 10 days after due date. The service will be temporarily interrupted on the 11th day for non-payment.
Restore Fee: $30.00 plus your past due bill and late fees.
The Customer has 5 days to pay the restore fee before the existing line is permanently disconnected.
Reconnect Fee: $65.00, plus all past due amounts and late fees.

LETTER OF AGENCY

First Name _____ Middle Name _____ Last Name _____
Physical Address _____ Apt. / Lot / Room _____
Name of Apartment Complex _____ City _____ State ____ Zip code _____

I understand I am entering into a contractual agreement with Infinity Communications to act as my communications representative for all negotiations with telecommunication local exchange carrier and service providers. Furthermore, I understand that my signature on this application acknowledges my authorization to allow Infinity Communications to handle all negotiations for service request, and the issuance of orders on my telephone at the address I have provided on this agreement and on the phone number issued me by Infinity Communications until further notice. This authorization does not preclude my ability to act on my own behalf to change service providers. I have read Infinity Communications' Terms and Conditions and agree to the provisions therein. I certify that all the information given is true and correct.

Applicant's Signature _____ Date _____