

Agent Code _____

P.O.N. _____

Date _____

Infinity Communications, Inc

309 East Mark St. Marksville, LA 71351

Customer Service: 1-800-841-2403
Fax: 1-877-394-6131

PREPAID LOCAL TELEPHONE SERVICE APPLICATION AGREEMENT / Mississippi

New Service

Conversion Previous Phone Company _____ Number (____) _____

Your First Name: _____ Middle Name: _____ Last Name: _____

Physical Street Address _____ Circle One: Apt. Lot Room _____ Name of Apartment Complex: _____

City: _____ State: _____ Zip Code: _____

Mailing address if different from above: _____ Circle One: Apt. Lot Room _____ Name of Apartment _____

City: _____ State: _____ Zip Code: _____

Telephone # You can be reached at from 8a.m. to 5p.m. (____) _____

\$44.95 Monthly telephone service fee (excluding tax)

Activation: \$ _____

Plan Charge: \$ _____

Individual Features: Standard Service Total: \$ _____

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 \$ _____

Unpublished No. \$7.00 \$ _____

Individual Features Total \$ _____

Sub Total: \$ _____

Tax: \$ _____

Total Due: \$ _____

IMPORTANT CUSTOMER INFORMATION:

- The following agreement is for pre paid local phone service only
- Activation of service may take up to 2 to 10 business days in some areas.
- You will be billed 10-15 days prior to your due date.
- Your due date will be determined by initial connection date.
- Your due date will remain the same date every month.
- All fees are non-refundable on the first month of service. Payments must be made payable to Infinity Communications.**
- Applicable Tax and FCC charges will appear on bill.
- Amount paid does not included Bell South charges for problems with internal wiring, jacks, or individual telephone connections or any other parts. All internal repairs must be authorized by Infinity Communications, Inc.

Late Fees: Money Orders & Cashiers Checks Only

\$1 per day late fee up to 10 days after due date. Service temporarily interrupted on the 11th day for non-payment.
 Restoral Fee: \$30.00 Plus past due bill.
 Customer has 10 days to pay restoral fee before the existing line is disconnected.
 Reconnect fee: \$65.00. Plus past due bill.

Letter Of Agency		
Your First Name: _____	Middle Name: _____	Last Name: _____
Physical Street Address _____	Apt. Lot Room _____	Name of Apartment Complex: _____
City: _____	State: _____	Zip Code: _____
<p>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 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.</p>		
Applicant's Signature _____		Date _____