

# 3U TELECOM - One second billing long distance plan



Return this application form or apply online at [www.3utelecom.com](http://www.3utelecom.com)  
For assistance with this application, please call customer service at 1-800-97-ASK-3U

## ▼ Contact Information

Please enter the contact information for the service address exactly as it appears on your phone bill:

First Name:  Middle initial:  Last Name:   
Social security number:  Your social security number will only be used to conduct a routine credit check.  
Company name:  Leave blank if subscribing as a residential user.  
Daytime phone:  Cell phone:  E-mail:   
Service address:   
City:  County:  State:  ZIP code:

**Business accounts can specify an alternate billing address if needed.**

Residential customers please skip.

Billing address:   
Billing city:  Billing state:  Billing ZIP code:   
If you were referred by someone, please enter their referrer ID:  If you have a promotion code, please enter it here:

## ▼ Service Information

Please enter the telephone numbers from which you want to use 3U TELECOM as your long distance provider:

Main phone number:  2<sup>nd</sup> phone number:  3<sup>rd</sup> phone number:   
4<sup>th</sup> phone number:  5<sup>th</sup> phone number:  6<sup>th</sup> phone number:   
Current estimated total monthly long distance usage (in dollars):  Choose a 4-digit PIN code:   
You will need this code to access your online billing information.

Check this box if you want 3U TELECOM to print and mail you a monthly paper bill.  
This service costs 99¢ per month.

For maximum savings, we recommend not to check this box since you can view and print your bill for free from the Internet.

Check this box if you do NOT want 3U TELECOM to handle your local toll calls.

For maximum savings, we recommend not to check this box.

## ▼ Payment Method - Please select your payment method:

<input type="checkbox"/> Direct debit monthly balance from my checking account 9-digit routing number: <input type="text"/> Account number: <input type="text"/> This information is located in the lower left corner of your checks. For assistance in locating this information, please call our customer service at 1-800-97-ASK-3U.	<input type="checkbox"/> Charge monthly balance on my credit card Credit card number: <input type="text"/> Expiration date (MM/MM): <input type="text"/> Credit card billing address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/> Name of your bank or credit card issuer: <input type="text"/> Phone number of your bank or credit card issuer: <input type="text"/>
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## ▼ Terms of Service

### I acknowledge that:

- Initial  My local phone company may charge me a one-time fee for switching long distance and/or local toll provider. This fee will not be reimbursed to me by 3U TELECOM. I can have only one provider for long distance calls and one provider for local toll calls.
- Initial  If I am a business customer with more than one phone line switched to 3U TELECOM, I will be assessed a federal PICC charge of \$2.50 per month per extra telephone line.
- Initial  If I requested to receive a monthly paper bill by mail, I will be charged 99¢ per month for that service regardless of my monthly usage.

### I certify that:

- Initial  I or the corporation that I represent is the legal subscriber for the phone number(s) for which I request 3U TELECOM's service.
- Initial  I am authorized to switch the long distance carrier for the phone number(s) above.
- Initial  I am willing to select 3U TELECOM as the long distance provider for all long distance calls, and if selected for local toll calls, initiated from the phone number(s) above.
- Initial  I am at least 18 years of age, or 21 years if required by my state to enter in a legal binding agreement.

### Terms and conditions:

Initial  I have read and agree with 3U TELECOM's terms and conditions that are available at [www.3utelecom.com](http://www.3utelecom.com) or upon request to 3U TELECOM.

## ▼ Signature - Please date and sign this application:

Date:  Signature:

Please return this application by:

- FAX to 1-800-95-FAX-3U
- or by mail to 3U TELECOM INC., Suite B5-143,  
2654 W. Horizon Ridge Parkway, Henderson, NV 89052

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