Print

Letter of Authority / Reactivation of Service
Phone (800) 499-5912
Fax (877) 857-2111

Reactivation of Service Agreement

Account Number

Billing Name **Contact Name** **Contact Phone Number**

Address

City **State** **Zip**

Email

Interstate Rate: _____ ¢ Per Minute
Intrastate Rate: _____ ¢ Per Minute

Intralata (Local Toll): Y / N
(rate same as intrastate)

Phone Numbers to Reactivate:

******Cannot be left blank******

Authorization:

I authorize Telecom Management Group, Inc., DBA UniTel, DBA Global UniTel, to notify my local telephone company that I am choosing UniTel as my primary carrier for long distance service. I understand that I can have only one primary carrier for this service per telephone number listed on this form, and my local telephone company may apply a small fee for this and any other change. A switching charge may be incurred each time the underlying interexchange company is changed. I also appoint UniTel, to act in our name and stead, to coordinate all present and future telephone lines/numbers at all locations that are under my control for the provisioning of long distance service. In addition, this appointment of agency gives UniTel the authority and right to: Issue instruction to and otherwise deal with the local exchange company and/or long distance company, and obtain duplicate copies of customer records, telephone bills, and any other information UniTel requires. This authorization shall remain in effect until further written notice. Customer shall be billed on a monthly basis. Customer shall pay the invoice by the due date stated on said invoice. If payment is not received by the due date customer shall pay a late fee in the amount of five dollars ($5.00) per month or the maximum lawful rate under applicable state law. A $2.99 service fee will be charged to accounts that fall below $20.00 in current usage in any given month, unless Customer selects Paperless Statement/E-billing invoice option in which case this fee is reduced to $1.99. UniTel reserves the right to designate or assign this service agreement to any subsequent providers or to any other carriers providing service and changing underlying carriers. I have read and understand this Letter Of Agency I am at least eighteen years of age and legally authorized to change telephone companies for services to the telephone number(s) listed above.

Authorized Signature – Title **Social Security Number**

Printed Name **Date**