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Necessary Solutions PowerNet Global Enrollment Form

Customer Information				
Customer Name		Main Telephone Number		
Address		Social Security / Tax ID / D & B Number		
City	County	State	Zip	
Billing Information				
E-Mail Address:		Contact Name:		
eBill Password: (10 Character Max)		Contact Address:		
City	State	Zip	Contact Phone:	
Credit References				
(For Business Customers Only - You may Include the cover sheet from your most recent Long Distance Bill instead)				
Trade Ref:	Contact:	Phone:		
Trade Ref:	Contact:	Phone:		
Credit Card Payment (Optional)				
Please Charge This Credit Card For My Monthly Charges - An Itemized Call Detail Report Will Still Be Sent				
Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Name on Card:		
Card Number:		Expiration Date:	CVV Number:	
Signature:		Today's Date:		
Rates:				
1+ Rate	In-State Rate	Toll Free	In-State Rate	Travel Card
\$0.049	Varies by State	\$0.049	Varies by State	\$0.109
Rates for Alaska and Hawaii: \$.169/minute; international & in-state rates vary by destination, visit www.necessarysolutions.com/49 for yours.				
Services				
Toll Free Number () -	Directed To () -	Current Carrier	<input type="checkbox"/> Standard Service Area <input type="checkbox"/> Restricted Area (attach list)	
Main Telephone Number () -	Additional Number () -	Additional Number () -	Additional Number () -	
Terms and Conditions				
<p>Authorization for Credit Check - Verify Full Terms and Conditions at http://ecare.pngcom.com/site/servagree.php</p> <ul style="list-style-type: none"> This order is subject to credit approval. There is a \$1.00 monthly fee for toll free number service. Terms and Conditions are subject to State and Federal Laws, Intrastate rates vary by state. Customer hereby agrees to accept financial responsibility for all charges arising from the use of services above It is my responsibility to notify PowerNet Global Communication of any lost or stolen calling cards <p>Letter of Agency: I authorize PowerNet Global Communication (PNG) to be my presubscribed carrier for the services and telephone number(s) designated above, and no others. I understand that by signing this form, PNG will become my presubscribed carrier for each service so authorized. I further understand that I can only have one primary carrier for each service per telephone number and that I may incur a charge for this change in presubscribed carrier. I represent that I am authorized to designate the presubscribed carrier for the number(s) listed above, and authorized PNG to act as my agent insubmitting this authorization designating PNG as my presubscribed carrier for each service above.</p> <ul style="list-style-type: none"> You may confirm that your services have been changed to PNG by calling (800) 860-9495 <p><i>BY SIGNING YOUR NAME, YOU ARE STATING THAT ALL PRECEDING INFORMATION IS CORRECT AND THAT YOU FULLY AGREE TO THE TERMS AND CONDITIONS</i></p>				
Subscriber Signature		Date Signed		
Subscriber Printed Name & Title		NSI Agent Signature Sales Team		