



ATMC Business Long Distance Services Letter of Agency

New Carrier (check one): **5811 ATMC** **OR** **7811 ATMC, LLC**

Account Information

Business Name:

Business Street Address:

City: _____ State: _____ Zip: _____

Please list below all telephone number(s) you would like to switch to ATMC Long Distance, including fax and computer lines.
Note: A charge to switch your long distance service provider may apply.

Choose a Calling Plan

√	Plan Minutes	Monthly Fee	Overage Rate	Conditions
	Nationwide Unlimited	Included	Included	Requires Business Bundle or Business VOIP Service
	200 Minutes/Month	\$13.99	\$0.08	Available For Any Business Voice Line
	500 Minutes/Month	\$29.99	\$0.07	Available For Any Business Voice Line
	1000 Minutes/Month	\$49.99	\$0.05	Available For Any Business Voice Line
	All Minutes at \$0.15/minute	\$0.00	N/A	Available For Any Business Voice Line
	All Minutes at \$0.06/minute	\$0.00	N/A	Available only For Mass Announcement Customers

Request Toll Free 1-800-Service

√	Plan Description	Monthly Fee	Conditions	Tel # for 800 Calls
	6.9¢ per minute for all calls	\$4.95	ATMC must be Long Distance Provider	
	5.9¢ per minute for all calls	\$4.95	Requires subscription to ATMC Business 200 or 500 Minute LD Plan	
	5.9¢ per minute for all calls	\$0.00	Requires subscription to ATMC Business 1000 Minute LD Plan, ATMC Business Premier VOIP or Hosted IP PBX service	

ACKNOWLEDGEMENT

By signing below, I attest that I am authorized to assign ATMC as the telecommunications representative/agent for the above named entity and listed telephone number(s) and understand that I have selected ATMC as the carrier for any interLATA and intraLATA long distance calls associated with the above number(s). I also acknowledge that I am granting permission for ATMC to act as telecommunications agent for the above named entity solely for the purpose of selecting the entity's long distance provider. I understand this authorization shall remain in effect until canceled in writing. This letter of authorization rescinds any other letter of authorization previously entered into on behalf of the entity for the purposes of selecting the entity's long distance provider for the above listed telephone number(s).

Signature

Date

Print Name

For additional information on how to complete this form or to get information about the services listed on this form, please contact our Customer Service department at 910-754-4311 or email contact@atmc.com.

Return completed form to ATMC using one of the following methods:

- Fax to 910-754-3781
- Email to LNP@ATMC.COM
- Mail to ATMC, LNP Coordinator, P.O. Box 3198, Shallotte, NC 28459

ATMC USE ONLY
CSR: _____