



Service Order Form / LOA

Fax completed form to: 800-388-3191
or Email to: support@faxmichigan.com

Customer

Name: _____
Address: _____
City / Zip: _____
Phone: _____
Fax: _____

Contact

Name: _____
Title: _____
Phone: _____
Email: _____

Rate Plan: (check one) _____ **Monthly Plan: \$9.95 per month**
_____ **Prepaid Plan (11 Months + 1 Mth Free): \$109.45 per year**



Total number of Fax Michigan numbers ordered _____ x rate _____ = \$ _____ per bill cycle

Includes unlimited incoming faxes and 30 pages of outbound faxes per month. Excess outbound pages are \$.05 each.

Fax Numbers to Convert

List fax numbers to be ported/converted, or write "New" if new numbers are needed. Ported fax numbers will no longer be functional on your fax machine. Newly assigned fax numbers will be local to your city.

Fax # 1 : _____ Send faxes to email address: _____
Fax # 2 : _____ Send faxes to email address: _____
Fax # 3 : _____ Send faxes to email address: _____
Fax # 4 : _____ Send faxes to email address: _____

Credit Card Information:

Type: (check one) _____ Visa _____ Master
_____ AmEx _____ Discover

Card Number:

Security ID# or CVC Code: Note: This is a 3 or 4 digit number.

Name on Card: _____

Billing Address: _____

City: _____

State / Zip: _____

Expiration Date:

Month

Year

Payment Authorization

I hereby authorize Fax Michigan to charge my credit card for: a) services provided on a recurring basis at the rates indicated above until service is cancelled, and b) outbound faxes in excess of 30 pages per month.

Authorized by (print name): _____ Date: _____

Signature: _____ or Enter Initials Here _____

The following LOA must be signed or initialed if you are porting an existing number. Porting takes approximately 10 days.

Letter of Agency

The undersigned hereby authorizes *Local Exchange Carriers of MI, Inc. (LECFMI)* to port the telephone number(s) listed above away from the current carrier. This includes authorization for *LECFMI* to request Customer Service Records, or CSR's, for the telephone numbers in order to facilitate successful porting.

Authorized by (print name): _____ Date: _____

Signature: _____ or Enter Initials Here _____

Carrier Services provided by LECMI, Inc.

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Agent Name / ID: