



# WDT SERVICE APPLICATION AND LETTER OF AUTHORIZATION

## BUSINESS

Dear Applicant,

Thank you for expressing an interest in our services.

In order to furnish our services we may need to obtain a credit report. Please provide us with the following information.

Company's Name:  Contact Person:

Tax ID #:  Date of Birth (mm/dd/yyyy):

Street Address:  Contact Phone:

City:  State:  ZIP:

How did you find out about WDT? (promotion code):  Password (for security purposes):

### Telephone numbers to be registered:

Please mark a service that you select for each telephone number: (L - Local and Long Distance Service, D - Direct-Dial Long Distance only, G - GoMobile)

Cellular phone numbers cannot be switched to WDT Direct-Dial Long Distance.

Phone number	Service	Phone number	Service	Phone number	Service
1.		6.		11.	
2.		7.		12.	
3.		8.		13.	
4.		9.		14.	
5.		10.		15.	

### For customers who selected Local and Long Distance Service for any of the above telephone numbers:

By initialing here ..... and by signing below, I hereby authorize World Discount Telecommunications (WDT) to switch my local services for all telephone numbers marked on this form with letter "L". I also select WDT as my primary carrier for all local toll (intraLATA), intrastate and interstate (interLATA) long distance and international calls for those telephone numbers.

### For customers who selected only Direct-Dial Long Distance Service for any of the above telephone numbers:

By initialing here ..... and by signing below, I hereby select World Discount Telecommunications (WDT) as my primary long distance carrier for all telephone numbers marked on this form with letter "D" for all interstate (interLATA) long distance and international calls. By initialing here ..... I also select WDT as my primary local toll (intraLATA) carrier. By signing below I designate WDT as my agent to notify my local telephone company of this change. I understand that WDT will pay or reimburse me for this change. I also authorize WDT to perform such investigation as may be necessary to determine the acceptability of this application and to request credit history information from any bank or trade reference.

### Customer authorization

I hereby apply for and authorize service and agree to the terms set forth above. I certify that I have read this Letter of Agency. I certify that I am authorized to change telephone companies for services for the telephone numbers listed above.

Name of authorized person:

Customer's Signature:  Date:

### Please mark the plan that you choose:

WDT Customer Service: 1.888.60.60.938

WDT FAX number: 1.847.588.1166

Mailing Address: WDT

7333 N. Oak Park Ave.

Niles, IL 60714

As soon as we receive this Letter of Authorization from you, your application will be processed. You will be informed when the process is completed. WDT is not responsible for any call charges incurred using services of other long-distance companies.