



# 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. (LECMI)* to port the telephone number(s) listed above away from the current carrier. This includes authorization for *LECMI* 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.

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

Agent Name / ID: 

--