

Agent ID: **easycall**

Date:



417 2nd Avenue West Seattle, WA 98119  
Email: [service@kall8.com](mailto:service@kall8.com)  
Phone: 206-479-2600 or 866-222-1818  
FAX: 206-479-2616 or 800-760-4583

AGENT = 764/COGNIGEN **KALL8 Service Application** Profit Agent = easycall/11444

**Please complete the following application and fax or mail it to the fax numbers or address above.**

Contact Person \_\_\_\_\_ Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from above) Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Phone # \_\_\_\_\_ Estimated Monthly Usage \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Password: A four digit number for online access to your account. Can not begin with 0. \_\_\_\_\_

Type of Account: Residential \_\_\_\_\_ Business \_\_\_\_\_

Agent Number \_\_\_\_\_

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| <p><b>Toll free number(s) desired:</b></p> <p>1. _____ How was this number obtained?*</p> <p>2. _____ How was this number obtained?*</p> <p>3. _____ How was this number obtained?*</p> <p>A) *If you acquired the number through the National Database Search (NDS), please list the email address where you had your search results sent: _____</p> <p>B) *If you need more than three Kall8 numbers, please list them on a separate paper and attach it to this application.</p> |
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| <p><b>Who referred you to KALL8?</b></p> <p>Referring account number: _____ or Referring KALL8 number _____ - _____ - _____</p> |
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**Please direct my Kall8 Toll Free Number(s) to the following number(s):**

1). Country Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

2). Country Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

3). Country Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Payphone Blocking Option (\$10) YES NO**  
There is a \$0.60 surcharge on any call made from a payphone to your Toll Free number. If YES is selected, a one-time charge of \$10 will be applied to your account and calls from payphones will be blocked. If NO is selected, incoming calls from payphones will be charged to your account at the normal per minute rate, and a \$ .60 surcharge per call. This rate is subject to change. View current rates at <http://kall8.com/rates.html> or by calling customer service at 1-866-222-1818.

Fax all pages and copy of your current bill to 800.609.1954

**Credit Card Information:**  
 American Express  VISA  MasterCard  Diners Club  Discover

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_ \*

Issuing Bank \_\_\_\_\_

Name (as it appears on the credit card) \_\_\_\_\_

**Authorization:** I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. I acknowledge that Kall8 may obtain a credit report through a credit reporting agency chosen by Kall8. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance, and the account may be suspended or cancelled pending payment.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Credit Card Information (for use when primary card declines):**  
 American Express  VISA  MasterCard  Diners Club  Discover

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_ \*

Issuing Bank \_\_\_\_\_

Name (as it appears on the credit card) \_\_\_\_\_

**Authorization:** I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. I acknowledge that Kall8 may obtain a credit report through a credit reporting agency chosen by Kall8. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance and the account may be suspended or cancelled pending payment.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

\* CVV2 numbers are the 3 digits that appear at the end of the credit card number on the back of VISA, MasterCard, Diner's Club, and Discover cards. American Express has the CVV2 printed on the front above the last 4 digits of your card number.

**CREDIT LIMIT: All accounts are assigned an initial monthly credit limit of \$100 unless this section is completed.**

This credit limit is used for Kall8 internal controls only and in no way limits the amount that can be charged to a credit card or billed to a Customer. This confirms my (our) authorization to increase the credit limit to \$500. (If you would like to specify an amount other than the standard \$500, please enter amount here: \$ \_\_\_\_\_.) Kall8 accounts are charged for un-invoiced usage on a weekly or monthly basis depending on the billing cycle set for each individual account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions of Kall8 Service**  
 My signature below confirms my agreement to the Terms and Conditions as stated at <http://kall8.com/terms.html> and I represent that I have read and understood those terms and conditions. If I do not have access to the website I will request Kall8 to fax or mail me a copy of those Terms and Conditions before I sign this Application. This order is for a minimum 12 month period and a \$50 per number early cancellation fee will apply if I request to port a Kall8 number to another carrier within the initial 12 month term of service for that particular number unless such number belonged to the Customers prior to service with Kall8. (This fee is higher for certain shared vanity numbers as set forth on the Kall8 website). Kall8 will not be liable for any claim that arises out of its acting as a Responsible Organization or where the toll-free service is not available after Kall8's acceptance of this order, or where I am provided with a number or numbers other than one(s) committed by Kall8. It is my responsibility to check the Kall8 numbers to make sure they are assigned to my account and they route to the proper ring-to numbers before advertising such numbers. Under no circumstances shall Kall8 be responsible for consequential, indirect, or special damages, (lost profits, marketing costs or otherwise) that result from interruptions of services, outages or inability to use services, and Kall8's sole liability shall be to provide credit equal to the charges for the affected calls/services. In addition, Kall8 shall not be liable for any accounts disconnected for non-payment.

Please Print Name & Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax all pages and copy of your current bill to 800.609.1954

**I T L**

**INTERNATIONAL TELCOM LTD.**

417 SECOND AVENUE WEST SEATTLE, WASHINGTON 98119 USA

**Letter of Agency**

The undersigned has selected International Telcom, LTD (ITL) to act as the RESP ORG for the toll free numbers identified below and on any addenda attached to this letter. UTL has been authorized to act as an agent for the undersigned for the purpose of taking such actions as may be required on behalf of the undersigned to implement this selection. Please return this form, along with a current photocopy of your toll free bill from your current provider.

**PLEASE RELEASE TO IWL01:**

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**Holder name and address below must match bill copy:**

Current RESP ORG/ID \_\_\_\_\_

Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signature Name (printed) \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

New RESP ORG/ID: \_\_\_\_\_

Transport Carrier: \_\_\_\_\_

Date & Time Sent: \_\_\_\_\_

RESP ORG Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Remarks: \_\_\_\_\_

Customer signature: \_\_\_\_\_

Agent ID: **easycall**

Date:

[Print LOA](#)

Fax all pages and copy of your current bill to 800.609.1954