



**Wholesale Terminations Order Form**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Payment Information  EFT  Credit Card

Invoice copies will be emailed to above address

**EFT**

Name on Account: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Bank Account: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Credit Card**

Name on Credit Card: \_\_\_\_\_  
Type of Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature

**DTMF Method Requested:**  Inband  Info  Out-of-Band

SIP  IAX

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**IP Address:** \_\_\_\_\_

**Estimated Long Distance Usage per Month:** \_\_\_\_\_ **Minutes**

**Estimated International Usage per Month:** \_\_\_\_\_ **Minutes**

**Codec:**  G729  G711

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

\_\_\_\_\_  
Date

Billed Every Week using EFT or Credit Card Specified

**Please Fax Back!**

4328 Wheeler Road  
Augusta, GA 30907  
Phone: 706-210-3521  
Fax: 706-210-9467

Toll Free: 866-516-6593

E-mail: [Info@AccessOneTech.com](mailto:Info@AccessOneTech.com)