

SET UP FEE/MONTHLY SERVICE CHARGE CREDIT REQUEST FORM

The Contact Name and information of the person who authorized the Toll-Free Voice Mail Service appears on the email to which this form was linked.

Please accurately complete all of the required information below. For your credit request to be considered, you must sign and mail the completed form along with a copy of the local telephone bill on which our charges appeared, to:

Telephone Services, Inc.
P.O. Box 83
Tarpon Springs, FL 34689

All questions must be answered and all required information provided in order for your credit request to be considered.

What is the telephone number against which Enhanced Voice Mail billed its service?

Are you the person to whom this email was addressed?

() Yes

() I certify that I am not the person referenced above.

If you are not the person referenced in the email to which this form was attached, what is your relationship with this person?

() I certify that the person referenced above does not reside or work at this telephone number's service location and that the person referenced above is unknown to me.

() I certify that the charge above was not made by me or by a person authorized by me to incur charges against the telephone number listed above.

Other: _____

CUSTOMER STATEMENT (Must be completed)

I have examined the charges made on my local telephone bill and request a credit of the following charges for the following reasons:

Although I did sign up for this service, _____

Should you have any additional comments regarding your credit request, please feel free to use the bottom or reverse side of this form for details.

Your signature is required in this section with the appropriate date in order for your request to be processed.

Signature: _____ Date: _____