



Long Distance Request Form
One Bill---Local Customer Service---Competitive Rates

PO Box 235
 100 Market St
 Gorham, Ks 67640

785-637-5300

www.gorhamtel.com

Date: _____

Billing Name: _____

Billing Acct#: _____

Billing Telephone #: _____

(Please Check One Plan)	Office Use	Per/min	Choice	Monthly
<u>gtcLD-Call1</u>	900	\$ 0.13		\$ -
<u>gtcLD-Call2</u>	901	\$ 0.10		\$ 2.95
<u>gtcLD-Call3</u>	903	\$ 0.08		\$ 7.95
<u>gtc LD 100-min Block</u>	906	\$0.099		\$ 9.95
<u>gtc LD 300-min Block</u>	907	\$0.079		\$ 23.95
<u>gtc LD 500-min Block</u>	908	\$0.069		\$ 34.95
<u>gtcLD-800 #</u>	902	\$ 0.13		\$ 2.95

Please switch my service to GTC Long Distance. I am responsible for all valid GTD Long Distance Charges for usage and will call Gorham Telephone Company, with any questions regarding my billing. By signing this form, I authorize Gorham Telephone Company to change my carrier of interstate and intrastate calls to GTC Long Distance.

(*Some restrictions apply)

_____ Customer Name (Print)	_____ Customer Signature
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