

FJ COMMUNICATIONS TELECONFERENCING SERVICES CUSTOMER APPLICATION
Please Mail or Fax to: FJ Communications, 4185 Harrison Blvd., Ogden, UT 84403 Fax: 801-624-4530

Company Name		Date	
Mailing Address		City & State	Zip
Street Address		City & State	Zip
Telephone #:		e-mail	
Contact Person		Extension	
Fax #:		How long in business?	
Required Financial Information			
Bank Reference		Account Number	
Name		Address	
Phone		Contact	
Payment Method (circle one)			
Invoice	Visa	MasterCard	Discover American Express
Name on Card			
Credit Card Number:		Expiration Date:	

By choosing a credit card pay option you authorize Flying J Communications to charge your selected credit card immediately upon purchase of services.

 (Signature of card holder)

Please read and sign below: Applicant authorizes bank reference to release credit information to Flying J Communications and authorizes a credit report on Applicant and any officer and owner of Applicant. Applicant hereby agrees that Flying J Communications extension of credit to Applicant pursuant to this application shall constitute applicant's agreement to comply with and be bound by all the terms, conditions and agreements contained in the then effective "Flying J Communications Services Agreement," a copy of which is attached hereto or shall be mailed to applicant with T Flying J Communications notice of credit approval.

(Signature of Applicant) _____ (Title) _____ (Date) _____

Please read & include "[Terms and Conditions](#)"

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