



AGENT APPLICATION

Business Name _____

Legal Business Name / DBA _____

Business Address _____

City _____ State / Province _____

Zip / Postal Code _____ Country _____

Business Phone _____ Business Fax _____

Email address _____ Website Address _____

(Check One) Sole Proprietor ____, Partnership ____, Corporation ____, Other _____

Officer / Owner Name _____ Title _____

Days and Times of Operation _____

Location of Retail Outlet & Directions _____

Retailer / Agent shall be solely responsible for payment of any Social Security taxes, Sales taxes, unemployment taxes or other taxes which it is required by law to pay in connection with its employees, agents or contracts, and for collecting and remitting to applicable taxing authorities any taxes which it is required by law to collect from its employees, agents or contractors

PROVIDER:

RETAILER / AGENT

FLORIDA TELEPHONE SERVICES

**1667 S. Hwy 17-92 Suite 101
Longwood, FL 32750**

Accepted by _____

Signature of Retailer /Agent: _____

Date accepted: _____

Date: _____

Please fax this application to (407) 331-9429 and mail original to FTS 1667 S. Hwy 17-92, Suite 101 Longwood, FL 32750, USA.