



**State of Louisiana  
Calling Card Service**

Employee Applicant Name:

Area Code and Home Telephone:

Actual Street Address (No P.O. Box):

City, State, Zip:

Billing Address (if different from above):

City, State, Zip:

Estimated Monthly Tolls:

Social Security Number:

Place of Employment:

Daytime Telephone:

**CARDHOLDER AGREEMENT – PLEASE READ CAREFULLY**

In consideration of issuance of this corporate calling card to cardholder: cardholder agrees to be bound to the following terms and conditions applicable to the use of this card.

1. Use of the calling card is an extension of credit. The cardholder named on the front of the card(s) agrees to pay for charges incurred.
2. Charges associated with the calling card will be directly billed to the credit card identified below to eliminate the need for credit check.
3. Completed calling card applications should be emailed to sheila.braxton@qwest.com. Sheila can be reached at 800-400-4072.
4. The card is not transferable. The named cardholder may authorize others to use the card, but responsibility for all charges incurred by those authorized users rests with the cardholder.
5. If this card was received from an employer, the card must be promptly returned to the employer in the event of change of employment.
6. The card will be canceled at the cardholder's request. Also, the issuing company reserves the right to change or cancel a card when fraud is suspected or cancel a card for non-payment. Continued use of the card after cancellation may constitute a violation of the law.
7. When a card is canceled, under any of the conditions described above, the cardholder must notify all authorized users and destroy all cards that have been distributed. Cardholder remains responsible for all charges incurred by the authorized users. The card is to be destroyed by the cardholder.
8. Cardholder agrees to notify the issuer's business office of any change of address or telephone number.
9. If the card is lost, stolen, or a new card is otherwise needed, cardholder must notify the business office. To report loss or theft of the card, call toll free 800-860-1020.
10. The applicable rate under this agreement is \$.09 per minute.
11. Detail service terms are governed by State of Louisiana contract #403761.

Credit Card Type	Credit Card Number	Expiration Date
Print Name Applicant	Signature and Title	Date
Print Name Authorized Telecommunications Coordinator	Signature and Title	Date

## Instructions for Qwest Individual Calling Card Application Form (OTM-3)(Revised 2/07)

This form is used to obtain individual/personal calling cards under the Qwest contract. Prompt payment of the bill is the individual's responsibility.

<b>Employee Applicant Name</b>	The name of the individual who will be using the calling card.
<b>Area Code and Home Telephone</b>	The area code and home telephone number of the individual who will be using the calling card.
<b>Actual Street Address (No P.O. Box)</b>	The home building number, street name, and if applicable the apartment number of the individual who will be using the calling card.
<b>City, State, Zip</b>	The city, state and zip for the home address of the individual who will be using the calling card.
<b>Billing Address (if different from above)</b>	The street address where the bill should be sent, if different from the applicant's home address.
<b>City, State, Zip</b>	The city, state, and zip for the billing address.
<b>Estimated Monthly Tolls</b>	The estimated number of minutes the card will be used monthly.
<b>Social Security Number</b>	The Social Security Number of the individual who will be using the card. The applicant's Social Security Number is required before a calling card will be issued.
<b>Place of Employment</b>	The name of the agency where the individual who will be using the calling card is employed.
<b>Daytime Telephone</b>	The telephone number where the employee can be reached during the day, usually the work telephone number.
<b>Credit Card Type</b>	If the individual who will be using the card chooses to have the charges billed to a valid credit card, the type of credit card (e.g., VISA, MasterCard, etc.). If the employee does not wish to have the charges billed to a credit card, leave blank.
<b>Credit Card Number</b>	If applicable, the credit card number to be billed.
<b>Expiration Date</b>	If applicable, the expiration date on the credit card to be billed.
<b>Print Name Applicant</b>	The name of the individual who will be using the calling card.
<b>Signature and Title</b>	Signature and civil service or working job title of the individual who will be using the calling card.
<b>Date</b>	The date the individual who will be using the card signed the form.
<b>Print Name Authorized Telecommunications Coordinator</b>	The name of the agency telecommunications coordinator.
<b>Signature and Title</b>	Signature and civil service or working job title of the agency telecommunications coordinator. The telecommunications coordinator's signature is required.
<b>Date</b>	Date the telecommunications coordinator signed the form.

All calling card applications should be emailed to [sheila.braxton@qwest.com](mailto:sheila.braxton@qwest.com). Sheila can be reached at 800-400-4072. Questions about the application may be addressed to Sheila Braxton at 866-400-4072.