



Alpha Communications® Consent Form

(PLEASE PRINT items 1 thru 5 below)

1. _____
Name of Your Company ("the Company")

2. _____
Address City State Zip + 4

3. _____
Name of Person Authorized to Provide Consent on Behalf of Your Company

4. _____
Title of Person Authorized

5. As the person named in Number 3 (above), I consent on behalf of the Company to receive communications and solicitations via fax (and E-mail if an E-mail Address is provided) sent on behalf of Alpha Communications®:

Phone Number: _____

E-mail Address: _____

Fax Number: _____

Alpha Acct. Number: (if known) _____

I understand that by providing the information above, on behalf of the Company, I am authorized to and hereby consent for the Company to receive faxes from Alpha Communications®. I also acknowledge that Alpha Communications® is relying on my representations on this Consent Form, regarding authority to bind the Company. Alpha Communications® if consent is revoked, and understand that Alpha Communications® is entitled to rely on the Consent, unless revoked.

Signature: _____ Date: _____

Please return this form by faxing or mailing as soon as possible to:

Alpha Communications®
42 Central Drive
Farmingdale NY 11735-1202
FAX: 1-631-777-5599

Please Fax Back this page to 1-631-777-5599