



VoiSelect Phone Service

LETTER OF AUTHORIZATION

1. Customer Name, EXACTLY as it appears on your local telephone bill.

First Name Last Name

Company (if applicable)

2. Service Address (primary address where the telephone service will be located. No post office boxes)

Address City State Zip Code

3. Billing Address (if different from your service address, should appear EXACTLY as it does on your local telephone bill)

Address City State Zip Code

4. Account Number (account number with your current phone service provider)

List below all Telephone Number(s) and Service(s) for which you authorize change from your current phone service provider to TV Cable and its underlying service provider(s). Please note, all line numbers grouped or billed with each Billing Telephone Number (BTN) listed below will be changed for Local, In-state Toll and/or Long Distance, as indicated:

- Separate Accounts/BTNs under the same Name and located at the same address should be listed below.
• Accounts billed to a different Name or located at a different address must be on a separate form, authorized by the billing party.

Telephone Number(s) Current Telephone Provider(s)

VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate TV Cable, through its underlying provider(s) to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed TV Cable, via its underlying provider(s) will become my Local, Toll and Long Distance provider, as indicated above.

I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

Signature Date