

Letter of Agency

Telephone number(s) to be changed: _____
_____ Initial here if you are listing additional telephone numbers to be changed.

Customer Billing Name: _____
Customer Billing Address: _____

Customer's month and date of birth, mother's maiden name **or** the last four digits of the customer's social security number: _____

If applicable, name of individual legally authorized to act for customer:

Name: _____
Relationship to customer: _____
Telephone number of authorized individual: _____

_____ By initialing here and signing below, I am authorizing CVLD to become my new service provider for intraLATA (local toll) service. I authorize CVLD to act as my agent to make this change happen, and direct my current intraLATA service provider to work with CVLD to make the change.

_____ By initialing here and signing below, I am authorizing CVLD to become my new service provider for interLATA (long distance) toll service. I authorize CVLD to act as my agent to make this change happen, and direct my current interLATA toll provider to work with CVLD to make the change.

- Simple Rate**
12¢ per minute – anytime, anywhere in the USA
- Simple Rate Premier**
9¢ per minute, \$4.95 per month – anytime, anywhere in the USA
- Unlimited Long Distance**
\$35.00 per month – unlimited long distance, anytime, anywhere in the USA

(Rate plans exclude Alaska & Hawaii.)

I understand that only one toll provider may be designated for intraLATA or interLATA calling for each telephone number. I further understand that I may be required to pay a one-time charge to switch toll providers and may consult with the toll provider as to whether the charge will apply. If I later wish to return to my current toll provider, I may be required to pay a reconnection charge. I also understand that CVLD may have different calling areas, rates and charges than my current toll provider and I am willing to be billed accordingly.

I have read and understand this Letter of Agency. I am at least eighteen years of age and legally authorized to change toll providers for the telephone number(s) listed above.

Signed: _____ Date: _____

CSS: _____