



4915 S US Highway 77, P.O. Box 610 • La Grange TX 78945  
979.247.8885 | 800.247.8885 | 979.247.5160 (Fax)  
cvctx.com

## 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 Mailing Address: \_\_\_\_\_

Customer's month and year of birth, mother's maiden name or 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: \_\_\_\_\_