

I authorize AcenTek to act as my agent for changing the following service(s) from my present provider to:

_____ for IntraLATA toll (within my area code)
(Carrier's name & 4 digit carrier code)

_____ for InterLATA toll (outside my area code) and International service
(Carrier's name & 4 digit carrier code)

I understand I may designate only one telecommunications service provider as my intraLATA and interLATA primary carrier for each phone number I have. I also understand there may be a fee for switching toll providers.

Name: _____
(Please print)

Date: _____

Address: _____

Phone Number(s): _____

Signature: _____
(Be sure to list all telephone numbers.)