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LETTER OF AUTHORIZATION

Date: _____

To: _____ Existing Local Service Provider
_____ Existing Long Distance Provider & Carrier ID Code CIC _ _ _ _
_____ Long Distance Customer Service Phone #

To Whom It May Concern:

This is to advise you that I (we) have granted MINET permission to conduct an analysis of our current telephone services provided by the above named Telephone Company.

I authorize MINET to act on my behalf and to notify my current local service provider of my desire to change my local service provider to MINET. The scope of this authority includes the right to access my (our) Customer Service Records (CSR) from the above named Telephone Company.

I understand that I may incur a charge from my current local service provider for this change. I also understand that MINET may have different calling areas, rates and charges than the local service provider I currently use. By signing below I indicate that I understand those differences (if any) and I am willing to be billed accordingly. This authorization is for the telephone services billed to:

Customer Billing Name: _____

Customer Billing Address: _____

Billing & Working Telephone Number(s): _____

Contact Name: _____

Contact Telephone Number: _____

Letter of Authorization for Local and/or Long Distance

Please change the following telephone numbers to MINET local and/or Long Distance Service:

() _____ () _____

() _____ () _____

- _____ Yes, I select MINET as the **Local Service Provider** for the telephone numbers listed above.
- _____ Yes, I select MINET as the **InterLATA Long Distance Service Provider** for the telephone numbers listed above.
- _____ Yes, I select MINET as the **IntraLATA Long Distance Service Provider** for the telephone numbers listed above.

I certify that I am at least eighteen years of age and that I have read and understand this Letter of Authorization and that I am authorized to order changes in local service providers for the telephone numbers listed above.

Authorized By Signature

Date Signed

Print Name and Title, if applicable

Address, if different than above

This authority will expire upon written notice.