



This Letter of Agency authorizes Webster-Calhoun Cooperative Telephone Association CLEC and/or Aureon Communications LLC ("Agent") to act as our telecommunication representative agent.

- ✓ I authorize Agent to inquire on our current telecommunication records.
- ✓ I authorize Agent to be the Local Exchange Carrier for the following telephone number(s).
- ✓ I authorize Agent to be the IntraLata Carrier (LPIC) for the following telephone number(s).
- ✓ I authorize Agent to be the InterLata Carrier (PIC) for the following telephone number(s).
- ✓ I authorize Agent to be the International Carrier for the following telephone number(s).
- ✓ I authorize Agent to be the Toll Free Carrier for the following telephone number(s).

Name PIN Number or Password

Address City State Zip

Main Contact Number Contact Name Email Address

FAX Numbers:

Telephone Numbers:

I certify that I have read and understand this Letter of Agency. I certify I am at least 18 years of age, and I am authorized to change telephone companies for services for the telephone numbers listed above. My signature on this form authorizes Agent to act as my agent for the purpose of ordering, changing and/or maintaining communication services, including but not limited to local exchange, IntraLATA and/or InterLATA telephone services. Agent is also authorized to obtain billing information, customer service records and other network information required to provide my telephone service. I understand that I may designate only one primary interexchange carrier for any one telephone number for InterLATA and where applicable IntraLATA usage. Selection of Agent will apply to the telephone number(s) listed on this form. I hereby acknowledge that, once the listed service has been activated/installed by Agent, it is my company's responsibility to notify each of my existing telecommunications services providers regarding the disconnection of any telecommunications services and/or facilities (e.g., T-1 circuits, PBX trunks) with that provider(s) which were not disconnected by said provider(s) during the port of services to Agent. Agent shall not be liable for any services for which my previous provider(s) continues to bill; my company shall be fully responsible for arranging for the final disconnection of services from my previous provider(s). THIS AUTHORIZATION REVOKES ANY PREVIOUS AUTHORIZATIONS REGARDING MY LOCAL, INTRALATA AND/OR INTERLATA TELEPHONE SERVICE AND SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING.

x
Authorized Customer Signature Print Name Date

Please provide a copy of your current provider's invoice.