

CCR:
Order No:



**P O Box 429
Meadville, MS 39653
1-877-835-3725 | FAX 601-384-8420**

Letter of Authorization

By signing below I hereby request a change in my telephone service provider and/or my long distance provider. I authorize a change of my local landline (wireline) and/or long distance service to C Spire (incorporated as Telepak Networks, Inc.).

The undersigned appoints C Spire as Agent to request my private Customer Service Record in anticipation of converting to C Spire for the provision of local service. _____ may deal directly with my Agent and provide the requested record. A copy or facsimile of this document shall be treated as an original for all purposes.

By initialing the appropriate service of your choice and signing this letter, I hereby authorize C Spire to be my primary local landline service carrier and/or long distance service carrier for the telephone number listed below.

Telephone Number: _____

_____ I authorize C Spire as the provider of my local exchange
(Initial) telephone service for the telephone number(s) listed above.

_____ I authorize C Spire as the primary long distance provider for
(Initial) IntraLATA calls for the telephone number(s) listed above.

_____ I authorize C Spire as the primary long distance provider for
(Initial) InterLATA calls for the telephone number(s) listed above.

_____ I understand there may be a charge for changing any carrier and I may consult
(Initial) with C Spire as to whether a fee applies to the change.

Customer Signature: _____ Date: _____

Customer Name: _____ SS#/Tax ID#: _____

Second Customer Name: _____ Date: _____
(optional)

Print Second Customer Name: _____ SS#: _____

Landline Service Address: _____

City _____ State _____ Zip _____