

Letter of Agency

By signing below, I am authorizing **Santa Rosa Communications, LTD.** to become my new long distance telecommunications carrier including but not limited to long distance management, service inquiries and ordering. **Santa Rosa Communications, LTD.** will act as the sole agent to advise Santa Rosa Telephone Cooperative, Inc. of the preferred interexchange carrier ("PIC") as selected on this long distance application. I understand that only one telecommunications carrier may be designated as my preferred carrier for any one telephone number of each of the services listed below.

I understand that there is no charge to change my preferred carrier(s). If I wish to return to my current preferred carrier(s), I may be required to pay a reconnection charge. I also understand that my new preferred carrier(s) may have different calling areas, rates, and charges than my current preferred carrier(s), and that by signing below I indicate that I understand these differences (if any) and am willing to be billed accordingly.

I hereby request and authorize **Santa Rosa Communications, LTD.,** as my preferred interexchange carrier on each of the following services as of this date:

Telephone number(s) to be changed: _____

Local Telephone Service: SANTA ROSA TELEPHONE CO-OP, INC.

InterLATA Toll Service: SANTA ROSA COMMUNICATIONS, LTD.

IntraLATA Toll Service: SANTA ROSA COMMUNICATIONS, LTD.

International Toll Service: SANTA ROSA COMMUNICATIONS, LTD.

Customer Billing Name: _____

Customer Billing Address: _____

City: _____ State: _____ Zip Code: _____

Customer Street Address: _____

City: _____ State: _____ Zip Code: _____

Customer Service ID*: _____

I certify that I have read and understand this Letter of Agency, I further certify that I am at least eighteen years of age, and that I authorized to change the preferred carrier(s) for services to the telephone number(s) listed above. By signing this authorization, the customer acknowledges he/she has read and understands and agrees with the terms and conditions specified in this agreement, as set forth above and on the reserve side hereof.

Customer Signature: _____ Date: _____

**Some means of identifying the customer such as mother's maiden name, date of birth, last 4 digits of social security number. This will be used when changing the letter of agency.*