



FOR VOIP AND LONG DISTANCE SERVICES ONLY
APPENDIX C-1 TO DIR CONTRACT NO. DIR-TEX-AN-NG-CSA-ICXXX
LETTER OF AUTHORIZATION FOR THE STATE OF TEXAS
 (Authorization to Change Commercial Service Long Distance Carrier)

CUSTOMER INFORMATION		SALES INFORMATION	
Account ID:		Order Sign Date:	
Orion/CORE Order #:		Sales Rep ID:	
Type of Change: <input type="checkbox"/> New <input type="checkbox"/> Add to Account <input type="checkbox"/> Admin. Change <input type="checkbox"/> Partial		Sales Support Rep:	
Disconnect			

Billing Address

Customer Billing Name:			Name of individual authorized to act for customer:		
Customer Billing Address:			Telephone number of individual to act for customer:		
Customer Street Address:			Relationship to the customer:		
City:	State:	Zip:	Customer Title:		
Telephone Number:			<input type="checkbox"/> Multiple Page LOA Page ____ of ____		
			Customer Initials: _____		

Customer's month and date of birth or mother's maiden name, or the last four digits of the customer's social security number: _____

If a Corporation or Partnership, last six digits of EIN, name and job title of representative of entity: _____

The undersigned customer wishes to switch its current long distance service to Qwest Communications Company LLC ("Qwest"). Qwest is Hereby designated to act as the undersigned customer's agent for the purpose of: (1) notifying customer's local telephone company of the selection of Qwest as its primary inter-exchange carrier ("PIC"); and (2) ordering, in connection with Qwest's provision of service, changes in and/or maintenance on specific telecommunications service(s) including, without limitation, adding to or rearranging such telecommunications service(s).

By signing below, I am authorizing Qwest to become my new long distance telephone service provider in place of _____ (current telecommunications provider) for the provision of (Customer **MUST** initial one of the following service types as appropriate):

- _____ interLATA (including international and intrastate) and intraLATA services; or
- _____ interLATA (including international and intrastate) services only; or
- _____ intraLATA services only.

I authorize Qwest to act as my agent to make this change happen, and direct _____ (current telecommunications provider) to work with the new provider designated herein to effect the change. I understand that I may designate only one (1) primary interexchange carrier for any one (1) telephone number for interLATA (including international and intrastate) usage; and understand that I may designate only one (1) primary interexchange carrier for any one (1) telephone number for intraLATA usage.

I understand that my local exchange carrier ("LEC") may charge a fee of approximately five dollars (\$5.00) per telephone number to switch providers. If I later wish to return to my current long distance provider, I may be charged a reconnection fee by the LEC. I also understand that my new long distance provider may have different calling areas, rates and charges than my current long distance provider, and that by signing below, I indicate and understand those differences (if any) and am willing to be billed accordingly.



I authorize Qwest to provide the services designated above only to my telephone number(s) listed below, and no others.

Telephone Number(s) to be PIC'd						BTN(s) Affected by this LOA
Access Method	Telephone #	PAC Code	# of Digits	Index	Bill-to Number	How is the BTN currently billed for Local Service? (Owner/Company Name, City, State)
<input type="checkbox"/> 1+ <input type="checkbox"/> 10X						
<input type="checkbox"/> 1+ <input type="checkbox"/> 10X						

Initial here _____ if you are attaching a list of additional telephone numbers to be changed.

Unless otherwise expressly agreed to in writing, Qwest shall have no obligations or responsibility to arrange for termination or removal of telecommunications services provided by other long distance providers. The undersigned customer shall remain responsible for terminating and removing any such unwanted services and circuits provided by other long distance providers.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least 18 years of age, and that I am authorized to change long distance telephone companies for services to the telephone numbers listed above.

Signed (Required): _____ Date (Required) _____

FOR INTERNAL USE ONLY	
Received Date:	Sales Username:
Processed Date:	City:

