PLEASE PRINT SIGN & RETURN: FULL CHANNEL • 57 EVERETT ST • WARREN, RI 02885 • FAX 866-723-0291

Letter Of Agency for Change in Service Provider

Full Channel Account #: _____

Name: _____ _____ _____
First MI Last

E911 Address: _____
Street City State Zip

Billing Address: _____
Street City State Zip

Telephone Numbers	**Current Service Provider**
_____	_____
_____	_____

Telephone Services	**Initial All Lines**
Local Service	_____
Intrastate IntraLATA (Local Toll) Service	_____
Intrastate InterLATA/Interstate (Long Distance) Service	_____
International (Long Distance) Service	_____

By signing and initializing, I authorize and designate Full Channel, Inc. to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information Full Channel deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed Full Channel will become my Local, In-State Toll and Long Distance provider, as indicated above. By signing, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. **I understand that once a date for Local Number Portability (transfer of my telephone number from its current service provider to Full Channel) and installation is agreed upon, there will be a $20 Number Port Reschedule Fee should I later reschedule the installation.**

_____

Customer Signature **Date**