



## Letter Of Agency for Change in Service Provider

Account #: \_\_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Business Name (business service only): \_\_\_\_\_

E911 Address: \_\_\_\_\_  
Street City State Zip

Billing Address: \_\_\_\_\_  
Street City State Zip

### Telephone Numbers

### Current Service Provider

\_\_\_\_\_  
 \_\_\_\_\_

### Telephone Services

Local Service  
 Intrastate IntraLATA (Local Toll) Service  
 Intrastate InterLATA/Interstate (Long Distance) Service  
 International (Long Distance) Service

### Customer Initials

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**

**FOR OFFICE USE ONLY:**

SSR Name \_\_\_\_\_ Service Order Request Date \_\_\_\_\_ Oral Permission To Port \_\_\_\_\_ SSR Init. \_\_\_\_\_