



"Simply taking care of what matters"

Authorization to Change Carrier(s)

Undersigned authorizes Optic Communications ("Optic") and any LEC to remove any PIC freezes that may be on our account and to verbally PIC our lines to CIC code assigned by Optic. As the duly designated representative of Customer, the undersigned appoints Optic to be its Primary Interexchange Carrier ("PIC") to provide all of Customer's outbound 1+, and Interlata, long distance. Customer also selects Optic to be its carrier for Intralata long distance. The undersigned affirms that they are at least 18 years of age and authorized to request this carrier change as Customer's designated contact, officer, or owner. Customer understands that this authorization will result in a change from the Customer's existing telecommunications carrier(s) to Optic. Customer authorizes Optic to act as the customer's agent to implement the carrier change(s). Customer understands that switching fees may be assessed by their local exchange carrier. If a charge applies, Customer may contact Optic to receive credit for these charges. Customer understands that it has the right to obtain intraLATA and interLATA services individually and that customer may select only one carrier to provide each of these services per telephone number. Customer further understands that its change request will apply only to the telephone numbers indicated below. Complete terms of service and rates are set out in the tariff on file with the state commissions. Modifications to tariff plan not accepted by carrier. Accounts billed in cents per call unit. Per call non-usage charges apply. Details of call units and charges are contained in the Optic Welcome Package available through your sales representative or anytime by calling 800-842-9376.

If 800 service is requested: The undersigned also appoints Optic as Customer's Agent with authority to select a Responsible Organization for the management and administration of 800 data base records of customer with respect to the 800 numbers listed below.

Company Billing Name: _____

Address: _____ City, State, Zip _____

Main Billing Number: _____ 800/888 Number(s): _____

PLEASE CONVERT ALL CUSTOMER LINES

Additional Numbers: _____

By (Print Name): _____ Title: _____

I understand that a change fee may be assessed by my local exchange carrier. If a charge applies, I may contact Optic Communications to receive credit for these charges.

Signature: _____ Date: _____

By signing above, I understand that my telecommunications service provider(s) will be changed to Optic Communications. I also agree to the Optic "Terms and Conditions of Service", including binding dispute arbitration procedures, posted at www.optictelecom.com.

**800.264.8633 Voice
800.278.1492 Fax**