



Letter Of Agency - Authorization To Change Service Provider

On behalf of the undersigned, I hereby authorize Akabis, LLC to change my telecommunications provider for local, intrastate, intraLATA long distance, interstate, interLATA and international long distance services to Akabis, LLC, for each of the telephone numbers listed below, from my current telecommunications carrier_____. (print customer's current local telephone company)

I represent that I am at least eighteen years of age. I also represent that I am the party identified in the account records of my local telephone company as responsible for payment or that I have the authority to change telecommunications carriers for each of the telephone numbers identified herein. I understand that I have the right to obtain telecommunications services individually. I also understand that I may designate only one local exchange carrier, one intraLATA carrier, and one interLATA carrier per telephone number. I also understand that by executing this document that undersigned's preferred carrier for the specified services will be changed, but only for those numbers set forth below. I understand that the monthly rate plan does not include taxes or applicable regulatory fees. I choose Akabis, LLC to act as my agent in order to effectuate the change(s) and authorize Akabis, LLC to handle on my behalf all arrangements, including ordering, changing, and/or maintaining my service, with my local telephone company(s), interexchange carriers, joint user group(s), equipment vendor(s) and consultant(s). In addition, I authorize Akabis, LLC to issue all necessary instructions to the foregoing for the purpose of fulfilling its agency on my behalf. This agreement will remain in effect until revoked in writing by the undersigned. I understand that I may consult Akabis, LLC as to whether a fee applies to change from the undersigned's current telecommunications carrier(s) to Akabis, LLC

Billing Telephone Number(s):

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Signature: _____
Printed Name: _____
Title (where applicable): _____
Company Name (where applicable): _____
Address: _____
Date: _____

I understand that by signing above, the preferred provider for the telecommunications service(s) specified will be changed for the telephone number(s) specified above.