

Letter of Authorization -
Clear Rate Communications Local Telephone Service

STEP 1 - List Telephone Number(s) to transfer

Please list phone numbers that you would like service transferred to Clear Rate Communications, Inc.

- | | | |
|--------------------------|--------------------------|---------------------------|
| 1. _____ - _____ - _____ | 5. _____ - _____ - _____ | 9. _____ - _____ - _____ |
| 2. _____ - _____ - _____ | 6. _____ - _____ - _____ | 10. _____ - _____ - _____ |
| 3. _____ - _____ - _____ | 7. _____ - _____ - _____ | 11. _____ - _____ - _____ |
| 4. _____ - _____ - _____ | 8. _____ - _____ - _____ | 12. _____ - _____ - _____ |

STEP 2 - Provide Name/Address

Customer Name: _____ Address: _____
(as it appears on your current local telephone bill)

Suite: _____ City: _____ State: _____ ZIP: _____ - _____

STEP 3 - Sign below

Authorization to TRANSFER Local(Local Exchange) Telephone Service

I authorize Clear Rate Communications, Inc. to notify my local telephone company that I am choosing Clear Rate as my primary carrier for local service. I also appoint Clear Rate Communications, Inc., to act in our name and stead, to coordinate all present and future telephone lines/numbers at all locations that are under my control for the provisioning of local. In addition, this appointment of agency gives Clear Rate the authority and right to: Issue instruction to and otherwise deal with the local exchange company, local-toll company and long distance company. To obtain duplicate copies of customer records, telephone bills, and any other information Clear Rate requires. This authorization shall remain in effect until further written notice. Customer shall be billed on a monthly basis. Customer shall pay the invoice by the due date stated on said invoice. If payment is not received by the due date customer shall pay a late fee in the amount of 1.5% of the unpaid balance per amount or the maximum lawful rate under applicable state law. Clear Rate reserves the right to designate or assign this service agreement to any subsequent providers or to any other carriers providing service and changing underlying carriers. **AUTHORIZATION GIVEN BY:**

Name (print): _____ Title: _____
 Signature: _____ Date: _____

STEP 4 - Sign below

Authorization to TRANSFER Local-Toll(IntraLata) Telephone Service

I authorize Clear Rate Communications, Inc. to notify my local telephone company and local-toll(Intralata) company that I am choosing Clear Rate as my primary carrier for local-toll(IntraLata) service. I also appoint Clear Rate Communications, Inc., to act in our name and stead, to coordinate all present and future telephone lines/numbers at all locations that are under my control for the provisioning of local-toll(IntraLata). In addition, this appointment of agency gives Clear Rate the authority and right to: Issue instruction to and otherwise deal with the local exchange company, local-toll company and long distance company. To obtain duplicate copies of customer records, telephone bills, and any other information Clear Rate requires. This authorization shall remain in effect until further written notice. Customer shall be billed on a monthly basis. Customer shall pay the invoice by the due date stated on said invoice. If payment is not received by the due date customer shall pay a late fee in the amount of 1.5% of the unpaid balance per amount or the maximum lawful rate under applicable state law. Clear Rate reserves the right to designate or assign this service agreement to any subsequent providers or to any other carriers providing service and changing underlying carriers.

AUTHORIZATION GIVEN BY:
 Name (print): _____ Title: _____
 Signature: _____ Date: _____

STEP 5 - Sign below

Authorization to TRANSFER Long Distance (InterLata) Telephone Service

I authorize Clear Rate Communications, Inc. to notify my local telephone company and long distance(Interlata) company that I am choosing Clear Rate as my primary carrier for long-distance(InterLata) service. I also appoint Clear Rate Communications, Inc., to act in our name and stead, to coordinate all present and future telephone lines/numbers at all locations that are under my control for the provisioning of long-distance(InterLata). In addition, this appointment of agency gives Clear Rate the authority and right to: Issue instruction to and otherwise deal with the local exchange company, local-toll company and long distance company. To obtain duplicate copies of customer records, telephone bills, and any other information Clear Rate requires. This authorization shall remain in effect until further written notice. Customer shall be billed on a monthly basis. Customer shall pay the invoice by the due date stated on said invoice. If payment is not received by the due date customer shall pay a late fee in the amount of 1.5% of the unpaid balance per amount or the maximum lawful rate under applicable state law. Clear Rate reserves the right to designate or assign this service agreement to any subsequent providers or to any other carriers providing service and changing underlying carriers.

AUTHORIZATION GIVEN BY:
 Name (print): _____ Title: _____
 Signature: _____ Date: _____