Letter of Authorization -

| Clear Rate Communica | ations Local Telephone Service |
|--|---|
| STEP 1 - List Telephone Number(s) to trar | isfer |
| Please list phone numbers that you would like service | |
| 1 5 | 9 |
| 2 6 | 10 |
| 3 7 | 11 |
| 4 8 | 12 |
| STEP 2 - Provide Name/Address | |
| _ | |
| Customer Name: (as it appears on your current local telephone bill) | |
| Suite: City: | State: ZIP: |
| STEP 3 – Sign below | 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: | |
| Signature. | Date: |
| | Date: |
| STEP 4 – Sign below Authorization to TRANSFER Local I authorize Clear Rate Communications, Inc, to notify my lo am choosing Clear Rate as my primary carrier for local-toll(Inc., to act in our name and stead, to coordinate all preser under my control for the provisioning of local-toll(IntraLata). authority and right to: Issue instruction to and otherwise de long distance company. To obtain duplicate copies of custo Rate requires. This authorization shall remain in effect until basis. Customer shall pay the invoice by the due date state customer shall pay a late fee in the amount of 1.5% of the applicable state law. Clear Rate reserves the right to des providers or to any other carriers providing service and chan AUTHORIZATION GIVEN BY: | -Toll(IntraLata) Telephone Service cal telephone company and local-toll(Intralata) company that I IntraLata) service. I also appoint Clear Rate Communications, at and future telephone lines/numbers at all locations that are In addition, this appointment of agency gives Clear Rate the eal with the local exchange company, local-toll company and owner records, telephone bills, and any other information Clear further written notice. Customer shall be billed on a monthly ed on said invoice. If payment is not received by the due date unpaid balance per amount or the maximum lawful rate under signate or assign this service agreement to any subsequent ging underlying carriers. |
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Name (print): _____ Title: ______

Signature: _____ Date: _____