



## Letter of Agency

I choose Countryconnect as my primary long distance provider for the service(s) and telephone number(s) indicated below and I authorize Countryconnect to act as my agent by notifying my local telephone company of this choice. I am legally responsible for the payment of charges incurred on the telephone number(s) listed below. I also recognize: that I can have only one primary long distance telephone carrier for a given telephone number, that I will no longer be pre-subscribed to my current long distance carrier's service and that my local telephone company may impose a charge for this change which will be reimbursed by Countryconnect. I understand that my long distance service will be billed by and payable to Countryconnect. There will be a \$2.00 monthly access fee on the bill. I understand that my signature on this form means the following services will be provided to me by Countryconnect: **IntraLATA and InterLATA telecommunications.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Yes  No Please send me \_\_\_\_\_ Countryconnect Calling Cards.

Yes  No Please issue me a personal 800 number on have it ring on ( ) \_\_\_\_\_ - \_\_\_\_\_