

Customer Name: _____

Address: _____

Number Street

please specify suite, room and/or building

City State Zip

This letter authorizes Allstream to act as our communications representative and/or agent and represent the above-mentioned customer to obtain information and/or copies of all of our network services. We also authorize Allstream to issue orders for disconnection, reconnection, reconfiguration and installation of services authorized below:

- Inbound 800/888/877 Service
- Outbound Intrastate Long Distance Service
- Outbound Interstate Long Distance Service
- Local Service

AUTHORITY TO RELEASE CUSTOMER SERVICE RECORDS

Provider/s: _____ is/are hereby authorized to release pertinent information to Allstream and for following Allstream's instructions with respect to any changes to or maintenance of the undersigned's telecommunications service(s). You are requested to release to Allstream any customer proprietary network information concerning the undersigned's services as may be required by Allstream in connection with its furnishing of services to the undersigned. You may deal directly with Allstream on all matters pertaining to our telecommunications service(s) and you should follow Allstream's instructions with respect thereto. This authorization will remain in effect until modified or rescinded in writing by the undersigned.

AUTHORITY TO RELEASE CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)

The undersigned hereby designates _____ (Agent) as its authorized telecommunications representative(s) and agent to act on its behalf in the procurement and maintenance of its network telecommunication services. Allstream is hereby authorized and requested to provide all information requested by Agent as it pertains to call detail records, contracts, configuration and service information. This authorization will remain in effect until modified or rescinded in writing by the undersigned.

CHANGE IN LOCAL SERVICE PROVIDER

This letter authorizes Allstream to act as our agent for purposes of ordering changes in and/or maintenance on our telecommunications and related services. This authorization includes, without limitation, the removal, installation, addition to, or rearrangement of our local access services, as well as equipment interconnected to our telecommunications service (s).

Provider

TN's Converting to Allstream _____

CHANGES IN PRIMARY LONG DISTANCE CARRIERS

This letter authorizes Allstream consistent with the above general authorization and FCC requirements, to act as our agent to change our primary interexchange carrier from our current service provider for each of the telephone numbers listed on the service agreement and any supplement to this authorization. (We understand that only one interexchange carrier may be designated as our interstate primary interexchange carrier for any one telephone number, and we further understand that any primary interexchange carrier change made on our behalf may involve the imposition of a charge by local exchange carrier that we are responsible for paying.) If any jurisdiction allows for the selection of additional primary exchange carriers (e.g. for local, intrastate, or international calling), then Allstream is hereby authorized to change our primary carrier for those services from our current service provider for each of the telephone numbers listed on the service agreement or any supplement to this authorization.

Provider

TN's to be PIC'd to Allstream _____

Toll Free Numbers:

Toll Free Number	Rings into	Customer Name as it appears on Toll Free bill/SMS 800 800 Serving Area	Restrictions

(This letter also authorizes the RESP ORG to be INT01) effective on _____ a.m or p.m.

This authorization shall remain in effect until canceled via written authorization by the above-listed company. This Letter of Authorization rescinds all other Letters of Authorization previously entered into by the above-listed company. This letter also authorizes the use of a facsimile copy to be used as a valid and binding authorization.

Customer Authorized Representative (Print name)	Date
Signature	SS# or Tax ID#
Title	