FREEZE AUTHORIZATION FORM

Customer Billing Name: _____

Customer Mailing Address: _____

City, State, Zip Code: _____

Customer Service Address: _____

Telephone Number(s): _____

Customer's month and year of birth, mother's maiden name, or the last four digits of customer's social security number: _____

The purpose of this freeze is to prevent a change in your long distance telephone company without your consent. A freeze is a protection against "slamming" (switching your long distance company without your permission). You can impose a freeze on either your local toll or long distance service provider, or both. You must lift the freeze before you can change your service provider. You may add or lift a freeze at any time at no charge.

Please complete the following for each service for which you are requesting a freeze:

I authorize a freeze for the telephone number(s) listed above for **IntraLATA** long distance (local toll) service.

Current preferred **local toll** company: _____

Customer's signature: _____ Date: _____

I authorize a freeze for the telephone number(s) listed above for **InterLATA** long distance service.

Current preferred **long distance** company: _____

Customer's signature: _____ Date: _____

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