



Letter of Agency

Customer billing name: _____

Customer billing address: _____

Customer street address: _____

City, state, zip code: _____

If applicable, name of individual legally authorized to act for customer: _____

Relationship to customer: _____

Telephone number of individual authorized to act for customer: _____

By signing below, I am authorizing NEW WINDSOR CABLE TV, INC. to become my new telephone service provider in place of FRONTIER COMMUNICATIONS or CAMBRIDGE TELEPHONE for the provision of the services indicated by my signature, I authorize NEW WINDSOR CABLE TV, INC. to act as my agent to make this change happen, and direct FRONTIER COMMUNICATIONS or CAMBRIDGE TELEPHONE to work with the new provider to make the change. **(Circle current provider)**

_____ I authorize NEW WINDSOR CABLE TV, INC. to provide my local exchange service. I understand that only one telecommunications carrier may be designated as my preferred local exchange carrier for any one telephone number.

_____ I authorize NEW WINDSOR CABLE TV, INC. to provide my intraLATA/intrastate toll service. I understand that only one telecommunications carrier may be designated as my intrastate or intraLATA preferred interexchange carrier for any one telephone number.

_____ I authorize NEW WINDSOR CABLE TV, INC. to provide my interLATA/interstate toll service. I understand that only one telecommunications carrier may be designated as my interstate or interLATA preferred interexchange carrier for any one telephone number.

_____ I authorize NEW WINDSOR CABLE TV, INC. to provide my international toll service. I understand that only one telecommunications carrier may be designated as my international preferred interexchange carrier for any one telephone number.

I understand that that there is no charge to switch from another provider to NEW WINDSOR CABLE TV, INC.. If I later wish to return to my current telephone company, I may be required to pay a reconnection charge. I also understand that my new telephone company may have different calling areas, rates, and charges than my current telephone company and I am willing to be billed accordingly.

Telephone number(s) to be changed: _____

Initial here _____ if you are listing additional telephone numbers to be changed.

I have read and understand this Letter of Agency. I am at least eighteen years of age, and legally authorized to change telephone companies for services to the telephone numbers listed above.

Signed _____ Date: _____