

Legal Business Name:

Service Address:

Billing Phone Number:

Date:

LETTER OF AGENCY

Clearly Communications
P.O. Box 20009
Billings, MT 59104
Phone: (406) 652-7500
Fax: (866) 494-6451

To Whom It May Concern:

I authorize Clearly Communications to obtain information and manage negotiations for the installation of telecommunications services for the above listed address. I authorize Clearly Communications to manage and perform any on-going maintenance related to such services including changing circuit IDs and submitting trouble tickets. By signing below, I designate Clearly Communications to transfer my phone service from my current provider to Clearly Communications. By signing below, I also authorize Clearly Communications to transfer my current telephone number used to provide phone service so that Clearly Communications may provide its network service to me. By signing below, I also authorize Clearly Communications to obtain billing information, customer service records, and other information required to provide me with service on the Clearly Communications network.

This authorization shall remain in effect until canceled by us in writing.

Authorizing Representative

Print Name: _____

Signature: _____