



P.O. Box 1298
Joshua, TX 76058-1298



817-484-2222



817-447-0169

Letter of Agency

Billing Name: _____

Billing Address: _____

Service Address: _____

Tax Id# _____ Current Provider Account Number _____

Other Contact Information Name: _____ Phone#: _____

Address: _____ City, State, Zip: _____

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

Relationship to customer: _____ Phone#: _____

Only one Telephone company may be designated as my preferred carrier for each type of service for each telephone number.

_____ By initialing here and signing below, I am authorizing **Pathway Com-Tel, Inc.** to become my new telephone service provider in place of my current telecommunications utility for **local** telephone service. I authorize **Pathway Com-Tel, Inc.** to act as my agent to make this change happen, and direct my current telecommunications utility to work with the new provider to make the change.

_____ By initialing here and signing below, I am authorizing **Pathway Com-Tel, Inc.** to become my new telephone service provider in place of my current telecommunications utility for **local toll** telephone service. I authorize **Pathway Com-Tel, Inc.** to act as my agent to make this change happen, and direct my current telecommunications utility to work with the new provider to make the change.

_____ By initialing here and signing below, I am authorizing **Pathway Com-Tel, Inc.** to become my new telephone service provider in place of my current telecommunications utility for **long distance** telephone service. I authorize **Pathway Com-Tel, Inc.** to act as my agent to make this change happen, and direct my current telecommunications utility to work with the new provider to make the change.

I understand that I may be required to pay a one-time charge to switch providers and may consult with the carrier as to whether the change will apply. If I later wish to return to my current telephone company, I may be required to pay a re-connection 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 number(s) listed above.

Customer Signature: _____ Date: _____



Please provide a copy of your most recent bill.