



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



817-484-2222



817-447-0169

Letter of Agency

Customer Billing Name: _____

Customer Billing Address: _____

Customer Street Address: _____

Customer Social Security # _____ DL# & State _____ DOB _____

Customer Employer Name: _____ Employer Ph# _____

Current Employer Complete Address: _____

Other contact information: Name: _____ Phone# _____

Address: _____ City, State, Zip Code: _____

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 initializing 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 initializing 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 initializing 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.