

Preferred Carrier Freeze Letter of Authorization & Agency to Griswold Communications

To: Griswold Communications

In an attempt to have more control over my telephone service, I hereby authorize Griswold Communications in this letter of agency to prevent a change in my long distance carriers, either Intrastate, Interstate, and International unless I have consented to the change either orally or in writing to Griswold Communications. This prevention of a change in service is being identified as a "Preferred Carrier Freeze".

My customer information and telephone number is shown below:

Customer's...Telephone Number Affected:

Customer's ...Billing Name:

Customer's ...Address:

Customer's...City, State Zip Code:

Any oral or written authorization on my part to Griswold Communications stating my preference to switch to another carrier will be the actual permission to allow the new carrier to be placed on my line. Upon the change to a new carrier(s), it is my intention to continue the Preferred Carrier Freeze to the then current carriers. The oral authorization may also be accomplished by a three way conference call with myself, the carrier to which I wish to switch to, and one of Griswold Communication's office personnel. The choice of allowing the conference method of orally giving permission to change service will be under my sole discretion. These procedures are in addition to the regular verification rules of the Federal Communications Commission.

The "Preferred Carrier Freeze" letter of agency may be withdrawn at any time by sending a letter to Griswold Communications stating (1) the intention to remove the Preferred Carrier Freeze, (2) identifying the telephone number being unfrozen, and (3) identifying the billing name and address. The Preferred Carrier Freeze, after the canceling notification has been received, will be canceled and such freeze removed from Griswold Communication's records.

Since I am the customer of record for this telephone number, I hereby appoint and give permission to the following individual (s) to direct the Griswold Communications to perform the same functions that I can perform under this letter of agency. _____, _____,

_____.

I understand that there is no charge related to the Preferred Carrier Freeze service. However, any change in carrier(s) will result in a change charge. Such change charge(s) would exist whether I am using the Preferred Carrier Freeze service or not using the Preferred Carrier Freeze service.

I would like to subscribe to this service offering provided by Griswold Communications. As stated above, I authorize this letter of agency to place a Preferred Carrier Freeze on my telephone number and acknowledge the same by my signature issued below.

Customer's Printed Name:....._____

Customer's Signature:....._____

Date: _____