

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Date: \_\_\_\_\_

Attention: Customer Service Department

We have this date authorized Connect Telephone and Computer Group to act on our behalf as it relates to our communications needs. **They may:**

	YES	NO
1 Place Service Orders	<input type="checkbox"/>	<input type="checkbox"/>
2 Obtain <b>all/any</b> Account Information	<input type="checkbox"/>	<input type="checkbox"/>
<b>Or just</b> designated Customer Proprietary Network Information items:	<input type="checkbox"/>	<input type="checkbox"/>
A. Telephone Numbers and Service Location(s)	<input type="checkbox"/>	<input type="checkbox"/>
B. Usage and Billing Data	<input type="checkbox"/>	<input type="checkbox"/>
C. Telephone Numbers Called	<input type="checkbox"/>	<input type="checkbox"/>
D. Billing Name and Address	<input type="checkbox"/>	<input type="checkbox"/>
E. Type of Service (i.e., call waiting, touchtone)	<input type="checkbox"/>	<input type="checkbox"/>
F. Class of Service (i.e., business)	<input type="checkbox"/>	<input type="checkbox"/>
G. Number of Phone Lines	<input type="checkbox"/>	<input type="checkbox"/>
H. Primary Inter-exchange Carrier (PIC) Information	<input type="checkbox"/>	<input type="checkbox"/>
I. Local Primary IntraLATA Carrier (LPIC) Information	<input type="checkbox"/>	<input type="checkbox"/>
3 All other Customer Service Records Information (other than CPNI items above)	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain Cost of Billed Services	<input type="checkbox"/>	<input type="checkbox"/>
5 Request Busy / Traffic Study	<input type="checkbox"/>	<input type="checkbox"/>
6 Request Toll Study within Service Area	<input type="checkbox"/>	<input type="checkbox"/>

**This authorization shall remain in effect (check one):**

Until notified of cancellation in writing **or**

From \_\_\_\_\_ to \_\_\_\_\_ (Month/Day/Year – **Not to exceed one year**)

Company Name: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_

Customer's Main Telephone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

List of separately billed telephone accounts:

Check box to indicate providing additional account numbers on separate page

\_\_\_\_\_  
AUTHORIZED CUSTOMER SIGNATURE

\_\_\_\_\_  
NAME (Printed/typed)

\_\_\_\_\_  
TITLE OF SIGNING PARTY

\_\_\_\_\_  
DATE SIGNED

**(All information/blanks must be completed for authorization to be considered valid)**