

LETTER OF AUTHORIZATION Long Distance Telephone Services

By signing below, I authorize Monon Telephone Long Distance to become the provider of long distance services for the telephone account number(s) listed below. This letter authorizes Monon Telephone Long Distance to place orders on my behalf for the provision of long distance services until otherwise revoked.

I understand that I may only designate one primary carrier for my interLATA calls (including international and interstate) and one primary carrier for my intraLATA calls.

I certify that I have the authority to make such designations on the services listed below.

Monon Telephone Company, Inc.

For Monon Telephone Long Distance: ___

Mail:

Mail or fax the completed form to Monon Telephone Company, Inc.® or drop off at the Monon Telephone Company, Inc.® business office.

Phone: (219) 253-6601

	P. O. Box 625 Monon, IN 47959	7500		
Billing	name on account:			
Billing	address on account:			
City: _		State:	Zip Code:	
			Please check one:	
Primar	y number to be changed: ()		Interstate and Intrastate calls	
			Interstate calls only	
Additio	onal number to be changed: ()		Interstate and Intrastate calls	
	5 (,		Interstate calls only	
Additio	onal number to be changed: ()		Interstate and Intrastate calls	
			Interstate calls only	
Δdditic	onal number to be changed: ()		Interstate and Intrastate calls	
, , , , , , , , , , , , , , , , , , , ,			Interstate calls only	
Author	rized Signature:			
Autiloi				
Printed	Name:			
Contac	t Telephone Number:	Date:		

For more information, including our terms and conditions of use, please visit our website or contact our Customer Service Department. P. O. Box 625, Monon, IN 47959 · 1-219-253-6601 · www.monontelephone.com