

Consolidated

COMPANIES

Carrier Freeze Form

Telephone Number(s): _____

Billing Name: _____

Billing Address: _____

Social Security Number (Last Four Digits Only): _____

(This information is used for verification to remove your carrier freeze over the phone. If you do not supply this information, you must authorize removal of your carrier freeze in writing.)

My choice of a long distance carrier is

_____ for calls within the 308 area code,
(IntraLATA calls)

_____ for calls outside the 308 area code, and
(InterLATA calls)

_____ for international calls.

I do not want my long distance carrier changed without my authorization. I understand that I may not change my long distance company without removing this Carrier Freeze.

Dated: _____

Signed: _____