

Consolidated

C O M P A N I E S

Carrier Freeze Form

Telephone Number(s): _____

Billing Name: _____

Billing Address: _____

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: _____