



Letter of Agency

Please Print Clearly

Current Phone Provider(s): _____

I, _____ (Customer) have entered into a service agreement with Alliance Communications that provides in part, for Alliance to act on my behalf regarding all negotiations and arrangements (including issuance of orders) for all telecommunications service.

Therefore, I hereby provide notifications that Alliance Communications is authorized to act for and on my behalf with respect to all negotiations for local service requests and issue all orders for such service. This letter also authorizes the release of Customer Service Records to Alliance Communications.

Alliance Communications is authorized to make inquiries concerning my credit worthiness and hereby authorizes financial institutions, vendors, and others to disclose my credit information to Alliance Communications. I understand I may revoke this Letter of Agency in writing at any time.

Name (*Exactly* as it appears on your current provider's bill):

Account number with your current phone provider (*Exactly* as it appears on your current provider's bill):

Address (*Exactly* as it appears on your current provider's bill):

Phone Number(s) (*Exactly* as they appear on your current provider's bill):

Please return this form to Alliance Communications using one of the following options:

By E-mail: joannr@alliance.coop

By Fax: (605) 582-3922

By Mail: Alliance Communications
Attn: JoAnn
113 Splitrock Blvd
Brandon, SD 57005

Print Name: _____

Title/Position: _____

Signature: _____

Date: _____

Please remember these following items:

- Call your current phone provider. Tell them to remove any PIC freezes or passwords on your account.
- Do NOT disconnect services with your current phone provider until your Alliance phone service is active.

Authorized Alliance Communications Representative: _____