



## Customer Proprietary Network Information Authorization

### Please Update My Account Information

Billing Name: \_\_\_\_\_

Billing No.: \_\_\_\_\_

I authorized Alliance Communications to allow the following person(s) to obtain information or make changes to this account:

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Password for this account: \_\_\_\_\_

Signature of account owner: \_\_\_\_\_

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

Please retain a copy of this form for your records. You will need your password in order to make changes to your Alliance account or to access account information.

Return this form to Alliance Communications, PO Box 349, Garretson, SD 57030.

*wired differently*