



Customer Proprietary Network Information Authorization For Business Customers

Please Update My Business Account Information
Please print

Billing Name:

Billing Account No(s):

IMPORTANT: If your business has several accounts, Alliance needs you to designate an authorized person(s) for each account.

I authorize Alliance Communications to allow the following person(s) to obtain information or make changes to the business account(s) listed above:

Name 1: _____ Signature: _____

Name 2: _____ Signature: _____

Name 3: _____ Signature: _____

Name 4: _____ Signature: _____

Name 5: _____ Signature: _____

Name 6: _____ Signature: _____

Password for this account: _____

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, Attn. Paul VanDeBerg, PO Box 349, Garretson, SD 57030, or fax to 1 (605) 582-3922.