



Letter of Agency Service Agreement

7760 Office Plaza Drive South
West Des Moines, IA 50266

This Letter of Agency authorizes Aureon™ Communications, LLC ("Aureon") to act as our communications representative agent.

Please Initial all applicable authorizations. This Letter of Agency rescinds any other Letter of Agency previously entered into by the undersigned.

_____ I authorize Aureon to inquire on our current telecommunication records.
_____ I authorize Aureon to provide the following services for telephone number(s) listed.
_____ Please check all that apply.

☒ Local ☐ Toll-Free ☒ InterLATA (PIC) ☒ IntraLata (LPIC) ☒ International ☐ DSL

_____ I authorize Aureon to perform such an investigation as may be necessary to determine the acceptability of this application and to request credit history information from any bank or trade reference in accordance with applicable state and federal rules and regulations.

Billing Address (as it appears on your current phone bill)

Name

Street Address/PO Box

Ste/Apt#

City

State

Zip

Billing Number

Service Address (If different than Billing Address)

Company Name

Street Address/PO Box

Ste/Apt#

City

State

Zip

Current Service Provider _____

Contact Information

Name

Phone Number

E-Mail Address

Directory Listing

Unpublished

Published _____

Telephone Numbers

Fax Numbers

Free Services

Voicemail

Call Waiting

I certify that I have read and understand this Letter of Agency. I certify I am at least 18 years of age, and I am authorized to change telephone companies for services for the telephone numbers listed above. I understand that I am responsible for charges from previous provider. In addition, I understand that I may designate only one carrier for each of these services for the telephone number(s) listed.

Authorized Customer Signature

Date _____

Print Name

Windstream Pin or Password

For Internal Use Only

PON: PSR _____ Acct#: _____ DD: _____

LSR ID: _____