



PO Box 1008  
Elkader, IA 52043  
(563) 245-4000

## Letter Of Agency (LOA)

Billing Name of Subscriber (as it appears on phone bill): \_\_\_\_\_

\_\_\_\_\_

Name (if different): \_\_\_\_\_ Relation to Subscriber: \_\_\_\_\_

Phone Number(s) covered by this Letter of Agency: \_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By my signature below, I designate **Alpine Long Distance** to act as my agent for the purpose of making each of the preferred carrier changes that I have specified below (by placing an "x" in the box preceding the requested preferred carrier change), and authorize **Alpine Long Distance** to inform my existing local exchange carrier of the change(s). I certify that I am of legal age and that I have proper authority to sign this Letter of Agency.

I designate \_\_\_\_\_ to be my preferred interexchange carrier (PIC Code #\_\_\_\_\_) for **interLATA toll calls**. I understand that only one telecommunications carrier may be designated as a subscriber's preferred interexchange carrier for interLATA toll calls for any one telephone number.

I designate \_\_\_\_\_ to be my preferred interexchange carrier (PIC Code #\_\_\_\_\_) for **intraLATA toll calls**. I understand that only one telecommunications carrier may be designated as a subscriber's preferred interexchange carrier for intraLATA toll calls for any one telephone number.

I understand there will be a \$5.00 charge per LATA to switch.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)