

SECTION 2A - PREFERRED CARRIER CHANGE AUTHORIZATION FORM



PREFERRED CARRIER CHANGE AUTHORIZATION FORM

Description of services

- Local Service provider - Local Dial Tone service.
- Local Toll/Regional Toll (i.e., IntraLata Toll) - calls outside of your local calling area that are not long distance.
- Long Distance (i.e., InterLata Toll) - in-state and state-to-state long distance calls which includes international calling.

SERVICE PROVIDER CHANGES

Local Service Provider - Note: only one local carrier may be selected per telephone number.

___ Yes, I want Verizon¹ to be my local service provider on the following line(s):

() _____ () _____

() _____ () _____

(Note: only initial below if changing more than the four numbers listed above.) I am verifying that the attached selected numbers should also be changed to the Verizon entity check above by initialing here ____.

Important: Please mark N/A in any section that's non-applicable.

Local Toll/Regional Toll Provider - Note: only one IntraLata carrier may be selected per telephone number.

___ Yes, I want to change my local toll/regional toll provider to:

___ Verizon

___ Verizon Select Services Inc*

___ Verizon Long Distance*

___ Verizon Enterprise Solutions*

On the following line(s): () _____ () _____

() _____ () _____

(Note: only initial below if changing more than the four numbers listed above.) I am verifying that the attached selected numbers should also be changed to the Verizon entity check above by initialing here ____.

Important: Please mark N/A in any section that's non-applicable

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Long Distance Provider - Note: only one InterLata carrier may be selected per telephone number.

Yes, I want to change my long distance provider to:
 Verizon Long Distance* Verizon Select Services Inc*
 Verizon Enterprise Solutions*

On the following line(s): () _____ () _____
 () _____ () _____

(Note: only initial below if changing more than the four numbers listed above.) I am verifying that the attached selected numbers should also be changed to the Verizon entity check above by initialing here _____.

Important: Please mark N/A in any section that's non-applicable.

SERVICE PROVIDER CHANGES (con't.)

*Not available in all locations

¹"Verizon" refers to the specific Verizon Operating Telephone Company serving your location. The following is a list of all the Verizon Operating Telephone Companies: Verizon California Inc., Verizon Florida Inc., Verizon North Inc., Verizon Northwest Inc., Verizon South Inc., Verizon West Coast Inc., Verizon Delaware Inc., Verizon Maryland Inc., Verizon New Jersey Inc., Verizon Pennsylvania Inc., Verizon Southwest Verizon Virginia Inc., Verizon Washington, DC Inc., Verizon West Virginia Inc., Verizon New England Inc., Verizon New York Inc.

_____ *Account Number/Telephone Number*
(print)

_____ *Billing Name (please*

_____ *Billing Address*

_____ *Apt. No. / Suite No.*

_____ *City*

_____ *State*

_____ *Zip*

By signing below, you hereby confer upon Verizon the authority to act for and on behalf of you with respect to the service requests specified herein. **You also (1) agree to accept all charges applicable to the changes authorized herein; (2) you understand there may be a charge to change back to your original provider and (3) confirm that you are authorized to make changes to and/or incur charges on this account.**

_____ **Customer's (or Agent's) Signature** _____ **Date** _____ **Printed Name & Title**

Please be advised your signature above authorizes Verizon to execute the changes you have requested on this form. These changes cannot be processed until Verizon receives all pages of this executed form.

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Texas residential customers: In order to confirm your status as an authorized party for this account, please provide either your month and year of birth or the last four digits of your social security number. _____

Texas business customers: In order to confirm your status as an authorized party for this account, please provide either your month and year of birth or the last four digits of your social security number if the account is for a sole proprietorship or other self-employed arrangement; or the last six digits of the business account's Federal Employer Identification Number if it is a corporation or partnership. _____

Return by mail to: Verizon
 (address)
 (city, st zip)

or by fax: (insert tel no)
 (Attn:)

SERVICE PROVIDER CHANGES (con't.)

California Residential Customers Only: For your protection, third party verification of your request is required. Please call 1-888-500-6325 for your verification number and record the number in the following space.
 Verification Number _____ (request cannot be processed until third party verification takes place)
 Please sign here if you refuse to be recorded. Customer's (or Agent's) Signature & Date _____

Kentucky/Nevada/South Dakota/Vermont/New Jersey Customers Only: The one-time charge for these changes is \$ _____

Indiana / Vermont Customers Only: Your Consumer Affairs Division requires that you are advised of your right to contact their Consumer Affairs Division for further review of any complaint or dispute. To reach the Indiana Commission write or call: Consumer Affairs, 302 W. Washington St., Suite E306, Indianapolis, IN. 46206. 317-232-2712 or toll free at 1-800-851-4268.
 To reach the Vermont Commission, write or call: Consumer Affairs, 112 State St., Drawer 20, Montpelier, VT 05620 1-800-622-4496

Louisiana / New Mexico: Please see attachment for terms, conditions, rates, plans and charges.

Maine customer's only ONE-BILL®

__ Yes, I want to add **ONE-BILL®**. On the following telephone line(s): () _____ () _____

Maine customer's only DIRECTV®

__ Yes, I want to add **DIRECTV®**. On the following telephone lines(s): () _____ () _____

Maine customer's only Verizon Online®

__ Yes, I want to add **Verizon Online®**. On the following telephone lines(s): () _____ () _____

South Dakota/Indiana/Vermont Customers Only: For verification that the change has occurred, you can call: 1-800-483-7547 in SD and IN. In VT to verify your InterLata provider, call 1-700-555-4141; for your IntraLata provider, call 1-(area code)-700-4141.

For Business Office use only

Employee name _____ Employee ID/Agent ID _____ Current date _____

