



CARRIER FREEZE AUTHORIZATION

You have the right to choose which carriers provide you with intraLATA (within your area code) and interLATA (outside your area code) long distance service. By completing the Carrier Freeze Authorization form below and returning it to us, you may elect to freeze the carrier(s) which currently provide you with these services. By electing a freeze, you will gain additional protection against your telecommunications services being switched to another carrier without your authorization. Such an unauthorized change is commonly referred to as being "slammed."

If you elect a freeze, your telecommunications carrier(s) cannot be changed unless you suspend or terminate your freeze protection or unless your prospective carrier supplies us with a document with your signature on it indicating that you wish to change carriers. If you want to suspend or terminate a freeze, you may call us and instruct us to suspend or terminate the freeze. Or, you may submit to us a written and signed authorization stating your desire to suspend or terminate the freeze. Also, a freeze may be suspended or terminated if, while you are on the phone with a prospective carrier, the carrier ties us into the call and during the three-way call you acknowledge that you wish to suspend or terminate your carrier freeze.

Currently there is no charge for electing a carrier freeze.

Customer name on billing (please print) _____

Address _____

City, state, zip code _____

Each telephone number to which freeze is to be applied _____

Last four digits of social security number (for identity verification) _____

I wish to place a freeze on my intraLATA service (within your area code) Yes No

I wish to place a freeze on my interLATA service (outside your area code) Yes No

By signing this form, I understand that I will be unable to change the carrier(s) that currently provide the telephone number(s) listed above with intraLATA and/or interLATA long distance services unless I suspend or terminate my freeze protection or unless my prospective carrier provides AcenTek with a document which I have signed indicating my desire to change carriers.

Signature _____ Date _____

Return to:
AcenTek
Customer Service Dept.