

I authorize AcenTek to act as my agent for changing the following service(s) from my present provider to:

\_\_\_\_\_ for IntraLATA toll (within my area code)  
(Carrier's name & 4 digit carrier code)

\_\_\_\_\_ for InterLATA toll (outside my area code)  
(Carrier's name & 4 digit carrier code) and International service

I understand I may designate only one telecommunications service provider as my intraLATA and interLATA primary carrier for each phone number I have. I also understand there may be a fee for switching toll providers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

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

Phone Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_

*(Be sure to list all telephone numbers.)*

ACEN TEK  
CUSTOMER SERVICE DEPARTMENT  
207 EAST CEDAR STREET  
PO BOX 360  
HOUSTON, MN 55943-0360