



808 N 5th Street, Alpine, TX 79830  
1-800-592-4781 | www.bigbend.net

### LETTER OF AGENCY-NATIONWIDE PLAN

Month/Year of Birth OR  
Mother's Maiden Name OR  
Last Four Digits of Social Security:

\_\_\_\_\_

Name of Individual Authorized  
to Act for Customer:

\_\_\_\_\_

Relationship to Customer:

\_\_\_\_\_

Telephone Number of Individual  
Authorized to Act for Customer:

\_\_\_\_\_

Only one telephone company may be designated as my preferred carrier for each type of service for each telephone number.

By initialing here \_\_\_\_\_ and signing below, I am authorizing Big Bend Telecom, Ltd. to become my new telephone service provider in place of \_\_\_\_\_ (i.e. MCI, AT&T) for the provision of **local toll** telephone service (IntraLATA). I authorize Big Bend Telecom, Ltd. to act as my agent to make this change happen, and direct \_\_\_\_\_ (i.e. MCI, AT&T) to work with Big Bend Telephone Company and Big Bend Telecom to effect the change.

By initialing here \_\_\_\_\_ and signing below, I am authorizing Big Bend Telecom, Ltd. to become my new telephone service provider in place of \_\_\_\_\_ (i.e. MCI, AT&T) for the provision of **long distance** telephone service (InterLATA). I authorize Big Bend Telecom, Ltd. to act as my agent to make this change happen, and direct \_\_\_\_\_ (i.e. MCI, AT&T) to work with Big Bend Telephone Company and Big Bend Telecom to effect the change.

I understand I may be required to pay a one-time charge to switch providers and may consult with the carrier as to whether the charge will apply. If I later wish to return to my current telephone company, I may be required to pay a reconnection charge. I also understand that my new telephone company may have different calling areas, rates, and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

Telephone Number(s) to be  
Changed:

\_\_\_\_\_

Initial here if you are attaching a list of additional telephone numbers to be changed.

\_\_\_\_\_

**I authorize that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for services to the telephone numbers listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date