



**Letter of Agency**  
*Fax Back 229-245-0199*  
**Local and Long Distance Application**



Company: \_\_\_\_\_ State(s): GA

**Please initial type of service(s) requested:**

**Other Products Available** *(attach forms)*

**Local**

Lightyear Calling Card

Toll Free Service *(attach RESPOG form)*

*Initials*

20% Discount, 1 year term

Projected usage: \_\_\_\_\_ Local \_\_\_\_\_ LD

**IntraLATA**

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

*Initials*

Lightyear as Intralata (Toll) Service Provider

**City/State/Zip:** \_\_\_\_\_

**Long Distance**

**Physical Address:** \_\_\_\_\_

*Initials*

\_\_\_\_\_ Interstate Plan/Rate per Minute

**City/State/Zip:** \_\_\_\_\_

Number of Local Lines Ordered: \_\_\_\_\_

**Carrier Freeze** preventing unauthorized changes to service:

Local       IntraLATA       Long Distance

**IntraLATA Service** to be provided by:

Local Network     Long Distance Network

I hereby designate Lightyear Communications, Inc. ("Lightyear") as my provider for local, long distance and/or intraLATA service(s), as designated above, and authorize Lightyear to notify my current local and/or long distance service provider of this change. I appoint Lightyear to act as my agent to handle on my behalf all arrangements, including obtaining an inventory of all line numbers billed to designated BTNs, obtaining carrier information, customer codes and billing address information for all locations. I represent that I have the authority on behalf of my company to change communication carriers for each of the telephone numbers listed on this form. I understand that a charge may be assessed for any change in service, but this charge may be waived if specific conditions are met. I understand that Lightyear will provide all billing and servicing. I hereby authorize Lightyear to verify all information for credit purposes and acknowledge that this Agreement is subject to approval by Lightyear. I understand that I may designate only one primary carrier per local, long distance and/or intraLATA toll telephone service for each telephone number listed in this application. I hereby agree to the terms and conditions of the Agreement for Service, including those on the reverse side. This Agreement will remain in effect until revoked in writing by Customer.

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

Date: \_\_\_\_\_

Print Authorized Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**BTN(s):** Please list all main telephone #'s, use separate pg. If necessary

Agency Name/#: 1058 NationsLink

Sub Agent Name/#: 201999

Sales Rep: \_\_\_\_\_