



LETTER OF AGENCY

For each of the telephone numbers listed herein, I appoint DCT Telecom Group, Inc. to act as my agent in order to effectuate the collection of account information and/or carry out the changes authorized herein on my behalf. I understand that I may select a separate local exchange carrier, intraLATA toll carrier, and interLATA carrier for any one telephone number.

I hereby authorize the change of my communications company(s) from that/those, which I am currently using, to DCT Telecom Group, Inc. for each of the service types I have designated below.

I understand that by signing this letter of agency my signature shall unblock my carrier of choice service protection to make the changes in the designated services. I also understand that I may incur a fee to switch my telephone service to DCT Telecom Group, Inc. I further understand that I may designate only one carrier per service for any one telephone number, and therefore revoke any previous appointments or selections concerning the telephone numbers listed below.

I authorize disclosure to DCT Telecom Group, Inc. any of my account information, including billing names, billing address directory listing, service address, and my customer proprietary network information, including service and future subscriptions, long distance carrier identity, and pending service order activity.

Please designate the telecommunication services for the telephone numbers listed below by marking the appropriate boxes;

Customer Initials

- _____ INTERLATA/INTERSTATE/INTERNATIONAL
- _____ INTRALATA
- _____ BASIC LOCAL TELEPHONE SERVICE (Including existing and new DID Telephone numbers)

This agreement will remain in effect until revoked in writing by the customer or DCT Telecom Group, Inc.

I select DCT Telecom Group, Inc. to provide the communications service types indicated for each of the telephone numbers listed herein (List ALL BTNs, lines, and toll free numbers)			

Name:		
Address:		
City:	State:	Zip:
Contact:	Phone:	

Your signature acknowledges that you understand and accept the terms and conditions of this LOA and that YOU ARE DULY AUTHORIZED TO MAKE THE CHANGE(S) INDICATED BY EXECUTING THIS LOA.	
Customer Acceptance	
Signature:	
Printed Name:	
Title:	
Date:	