



LETTER OF AUTHORIZATION TO FREEZE PREFERRED SERVICE PROVIDER(S)

Subscriber's Name _____
(Must be exactly as it appears on current bill)

Subscriber's Address _____
(Must be exactly as it appears on current bill)

City _____ **State** _____ **Zip** _____

The undersigned Subscriber requests to "freeze" their Preferred Service Provider(s) for the following service(s).

LEF
Local Service
(Dial tone Service)

LPIC
Local Long Distance or Toll Service
(1+ IntraLATA service, Local In-state Long Distance)

PIC
Long Distance Service
(1+ InterLATA service, State to State)

Marking the box adjacent to the identified Service(s) is a separate request from, and authorization by, the undersigned Subscriber to Qwest to freeze the Preferred Service Provider(s) of the service(s) for the telephone number(s) below. Please select your desired freeze preference(s) adjacent to the telephone number(s). The Subscriber may choose one, two, or all of the freezes. The Preferred Service Provider that is frozen will be the current one for the particular service and number as of the date this document is presented to Qwest. The undersigned Subscriber understands that no change in such a provider can be made unless that freeze is lifted, even if the authorization to change the Preferred Service Provider is in writing or verified by a third party.

Only the telephone numbers listed below are covered by this "Freeze" Authorization.

Subscriber's Main Telephone Number: LEF LPIC PIC (_____) _____ - _____

Additional Telephone Numbers:

- | | |
|---|---|
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |
| LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ | LEF <input type="checkbox"/> LPIC <input type="checkbox"/> PIC <input type="checkbox"/> (_____) _____ - _____ |

The phone number(s) listed on this Authorization are listed in my name and/or I am authorized to freeze the Preferred Service Provider for the phone number(s). My signature on this form authorizes Qwest to freeze the current preferred service provider for each designated service on each such designated phone number. I understand that I may lift this freeze: (a) by calling Qwest at the toll free number listed at the top of my Qwest telephone bill and orally authorizing Qwest to lift the freeze, including providing appropriate verification, or (b) sending Qwest a written or electronically signed authorization to lift the freeze. I understand there is no charge associated with implementing or lifting the freeze(s) included in this Authorization.

Signature: _____
Printed Signature: _____

Date (MM/DD/YY): _____
Title: _____

PLEASE MAIL COMPLETED FORM TO: QWEST % Richard Lundy
7880 Mesquite Bend Dr.
Irving, TX 75063

OR FAX TO: (800) 236-6992

Qwest Internal Use Only		Date Received: _____
Order # _____	SLS Code (Bus. Only): _____	Date Processed: _____
Representative: _____	TN: _____	