

PREFERRED CARRIER CHANGE

(Must be signed by person responsible for Southern Montana Telephone Company account)

Southern Montana Telephone Company has received notification that you wish to change your Long Distance Carrier Service.

Please sign, date and return this acknowledgement form to confirm your desire to switch Long Distance Carriers.

There is a \$5.00 change charge which will be billed on your next billing statement.

Should you have any questions, please contact our office at 888-263-2270 or 689-3333.

I wish to have my IntraLATA Long Distance service changed to _____
Carrier Identification Code _____

I wish to have my InterLATA Long Distance service changed to _____
Carrier Identification Code _____

I understand a \$5.00 change charge will be assessed on the next billing statement.

_____	_____	_____
Account Name(please print)	Telephone Number(s)	Date
_____	_____	_____
Signature	Social Security Number	

PREFERRED CARRIER FREEZE AUTHORIZATION

(Must be signed by person responsible for Southern Montana Telephone Company account)

I hereby request and authorize Southern Montana Telephone Company to freeze the Preferred Carrier on my account on each of the following services as of this date. I understand I will not be able to change my carrier selection unless I lift the freeze. I understand there is no charge to initiate and terminate this service, and that there will be a charge to change carriers.

IntraLATA Preferred Carrier _____ Signature _____

InterLATA Preferred Carrier _____ Signature _____

Account Name _____ (please print) Date _____

Telephone Number(s) _____ Social Security Number _____