



Letter of Authorization

Phone: _____ - _____ - _____

To Whom It May Concern:

Date: _____

I hereby select Sonic Telecom, LLC to be my local exchange provider and authorize Sonic Telecom or its designated agent, The Mendocino Community Network, to act on my behalf in dealings with our current local exchange telephone company. Sonic Telecom or its designated agent, The Mendocino Community Network may place orders for new services and changes to existing services. This authorization covers the following locations and lead billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for anyone telephone number.

Customer Billing Name: _____

Customer Billing Address: _____

Customer Service Address: _____

Name of individual authorized to act for customer: _____

Telephone number of individual authorized to act for customer: _____

By signing below, I am authorizing Sonic Telecom, LLC to become my new telephone service provider in place of [insert Name of Current Local Service Provider] → _____ for the provision of local telephone service and in place of [insert Name of Current Long Distance Service Provider(s)] → _____ for the provision of long distance telephone services. I authorize Sonic Telecom or its or designated agent, The Mendocino Community Network to act as my agent to make this change happen, and direct [insert Name of Current Local Service Provider]: → _____ and [insert Name of Current Long Distance Service Provider]: → _____ to work with Sonic Telecom, LLC and its Agent, the Mendocino Community Network to effect the change.

I understand that if I wish to return to my current local telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new local telephone company may have different 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.

I authorize Sonic Telecom to provide local and long distance service to my telephone number(s) listed below, and no others.

(____) _____ - _____	(BONDED ONLY) (____) _____ - _____
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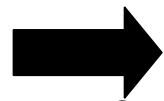
Will this be a partial port? YES NO

If yes, remaining telephone numbers will stay active with current provider unless indicated otherwise.

I certify that I have read and understand the Letter of Authorization. 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.

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____



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Customer acknowledges that **The Mendocino Community Network** is acting as an Agent for Sonic Telecom, LLC, a duly certificated telecommunications carrier. Sonic Telecom, LLC is providing the network facilities for your telecommunications traffic and is responsible for working with other telecommunications carriers to arrange for the proper porting of telephone numbers. Sonic Telecom, LLC or XO Communications is the entity to whom telephone numbers are legally assigned. I also authorize Sonic Telecom, LLC and its Agent to act as my agent to notify my local phone company of my decision to change my current long distance service to Sonic Telecom service. I understand that my local phone company may charge me a fee to switch long distance carriers. Selection of Sonic Telecom will apply to the telephone number(s) listed on this form. I, the customer, understand that I may designate only one inter-exchange carrier for one telephone number for interLATA and, where applicable, intraLATA usage, and hereby designate Sonic Telecom as my primary carrier.

_____ **Customer Initials**