

LETTER OF AUTHORIZATION TO FREEZE PREFERRED SERVICE PROVIDER(S)



BUSINESS CONSUMER

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 CenturyLink 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 CenturyLink. 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. Or simply attach a list of telephone numbers to freeze. Fill in this form identifying the main telephone number below and the type of freeze you want for each of your lines. You must initial EACH page of the attachment.

SUBSCRIBER'S MAIN TELEPHONE NUMBER:

☐ LEF ☐ LPIC ☐ PIC (____)____-____

Additional Telephone Numbers:

☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____

☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____
☐ LEF ☐ LPIC ☐ PIC (____)____-____

☐ LEF ☐ LPIC ☐ PIC For a sequence starting with
ending with

(____)____-____,
(____)____-____, inclusive.

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 CenturyLink 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:

- by calling CenturyLink at the toll-free number listed at the top of my CenturyLink telephone bill and orally authorizing CenturyLink to lift the freeze, including providing appropriate verification, or
- sending CenturyLink 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: _____ Date (MM/DD/YY): _____

Printed Name: _____ Title: _____

PLEASE MAIL COMPLETED FORM TO: CenturyLink CSC
c/o Sales Support
118 19th St – 14th
Omaha, NE 68102

OR FAX TO: 1 888-524-9258

This form can also be use for an electronic signature. By completing it and directing it, via email to PicFreeze@CenturyLink.com from the Subscriber's email address, you are evidencing that you have and shall be deemed to have signed and dated this Letter of Authorization and the attachments authorizing the freeze(s) described above.

CenturyLink Internal Use Only

Order # _____ SLS Code (Bus. Only): _____

Representative: _____ TN: _____

Date Received: _____

Date Processed: _____