



AUTHORIZATION TO CHANGE PREFERRED TELECOMMUNICATIONS CARRIER

Please print all information in English

Services Requested:

Qwest Local Service Qwest Local Long Distance Service Qwest Local Data Service

Marking the box adjacent to any and each of the Services above is a separate request from, and authorization by, the undersigned Subscriber to Qwest to change the preferred carrier for the marked Service(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** _____

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

Subscriber's Main Telephone Number _____ - _____ - _____

Additional Telephone Numbers

_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____

I certify that I am at least 18 years of age. The phone number(s) listed on this Authorization are listed in my name and/or I am authorized to change the preferred carrier for each of the Services requested above. My signature on this form authorizes Qwest to act as my agent to change my current carrier to Qwest for those Services. I understand that I may designate only one primary carrier for each of the Services requested above; that there may be a fee charged to change the Service(s); and that I may consult with the appropriate carrier to determine if a fee applies to this change.

Signature: _____

Date (mm/dd/yy) : _____

Printed Signature: _____

Title: _____

Qwest Internal Use Only		Date Received: _____
Order # _____	Market Unit: ___ SBG ___ Consumer	Date Processed: _____
Representative: _____	TN: _____	