



LETTER OF AUTHORIZATION

Customer Service Records Request

MY SIGNATURE BELOW CERTIFIES THAT I AM THE CUSTOMER OF RECORD OR THE AUTHORIZED REPRESENTATIVE FOR PAYMENT FOR EACH OF THE TELEPHONE NUMBERS LISTED BELOW.

FOR EACH OF THE TELEPHONE NUMBERS LISTED HEREIN, I APPOINT PAETEC COMMUNICATIONS, INC. ("PAETEC") TO ACT AS MY AGENT FOR THE PURPOSE OF COLLECTING MY ACCOUNT INFORMATION WITH MY CURRENT LOCAL TELEPHONE CARRIER.

BY SELECTING PAETEC TO ACT AS MY AGENT TO RESEARCH MY CURRENT SERVICES WITH MY CURRENT PROVIDER OF LOCAL TELEPHONE SERVICE, **I AM AUTHORIZING** THE CHANGE OF MY LOCAL TELEPHONE CARRIER FROM THAT/THOSE WHICH I AM CURRENTLY USING TO PAETEC.

Billing Telephone Number(s) (BTN):
(Complete you/s number/s here) _____

(Use "Attachment A" for additional BTNs _____ Check here if used.)

Please Print or Type:

Customer Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ ZipCode: _____

Representative Name and Title: (If other than customer
check here) _____

Social Security Number of Customer or Authorized
Representative: _____

Telephone Number: _____

Signature: _____

Associated Company Names:(if applicable) _____