



authorized agent of:



Letter of Authorization

To: Local Exchange Carriers

To Whom It May Concern:

I hereby select PowerNetGlobal as my primary interexchange carrier (long distance carrier) for the numbers listed below. I authorize PowerNetGlobal to notify my local telephone company of my choice of primary interexchange carriers, and to communicate on my behalf for this purpose. I understand that only one primary carrier may be selected for any one telephone number, that selection of multiple carriers will invalidate all such selections and that my local telephone company may assess a charge for the change(s) authorized herein.

Interstate Carrier Intrastate Carrier Intra- & Interstate Carrier

Subscriber Name Billing Phone #

Street City State Zip

Signature _____ _____
Date

120 Front Street
Lawrenceburg, IN 47025

www.necessarysolutions.com
Phone (812) 537-5888
Fax (812) 537-5803

710 West Main Street
Madison, IN 47250