

Authorization to Change to Golden West Long Distance

Subscriber Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

INTERSTATE OR INTERLATA CARRIER (generally out-of-state calling)

Telephone Number(s)	Old Long Distance Provider	New Long Distance Provider
_____	from _____ to	Golden West (0865)
_____	from _____ to	Golden West (0865)

I designate Golden West Long Distance to act as my agent for the Long Distance Provider changes(s) listed above. I understand that only one Long Distance Provider may be designated as my interstate or InterLATA Long Distance Provider for any one telephone number.

X _____ X _____
Subscriber's Signature Required Date Required

INTRASTATE OR INTRALATA CARRIER (generally in-state calling)

Telephone Number(s)	Old Long Distance Provider	New Long Distance Provider
_____	from _____ to	Golden West (0865)
_____	from _____ to	Golden West (0865)

I designate Golden West Long Distance to act as my agent for the Long Distance Provider changes(s) listed above. I understand that only one Long Distance Provider may be designated as my intrarstate or IntraLATA Long Distance Provider for any one telephone number.

X _____ X _____
Subscriber's Signature Required Date Required

Calling Plan: _____

Office Use Only

RESET

PRINT

SUBMIT