



LETTER OF AGENCY

Residential Long Distance Service

ACCOUNT INFORMATION		
Name:		
Telephone Number(s) - List <u>all</u> numbers you wish to switch to ATMC Long Distance Service (including computer and fax lines):		
Street Address:		
City:	State:	Zip:

ACKNOWLEDGEMENT

By signing below, I attest that I am authorized to assign ATMC as the telecommunications representative/ agent for the above listed telephone number(s) and understand that I have selected ATMC as the carrier for any interLATA and intraLATA long distance calls associated with the above number(s). I also acknowledge that I am granting permission for ATMC to act as telecommunications agent solely for the purpose of selecting the long distance provider for the above listed telephone number(s). I understand this authorization shall remain in effect until canceled in writing. This letter of authorization rescinds any other letter of authorization previously entered into for the purpose of selecting the long distance provider for the above listed telephone number(s).

Signature: _____ Date: _____

Print Name: _____

For additional information on how to complete this form, please contact our Customer Service department at 910-754-4311 or email contact@atmc.com.

Return completed form to ATMC using one of the following methods:

- Fax to 910-754-3781
- Email to LNP@ATMC.COM
- Mail to ATMC, LNP Coordinator, P.O. Box 3198, Shallotte, NC 28459

ATMC USE ONLY
CSR: