PIC Freeze Authorization Form

Local Service With or Without Long Distance

www.eatel.com

IN ORDER TO AVOID HAVING YOUR LOCAL TELEPHONE SERVICE AND LONG DISTANCE CARRIER CHANGED WITHOUT YOUR CONSENT, EAST ASCENSION TELEPHONE COMPANY, INC., D/B/A EATEL, CAN ESTABLISH A PREFERRED INTEREXCHANGE CARRIER (PIC) FREEZE ON YOUR ACCOUNT. A PIC FREEZE PREVENTS A CHANGE TO YOUR PREFERRED CARRIER SELECTION UNLESS YOU GIVE US YOUR EXPRESS CONSENT TO REMOVE THE FREEZE. WHILE THE PIC FREEZE REMAINS ON YOUR ACCOUNT, YOU CANNOT BE "SLAMMED," OR SWITCHED TO ANOTHER CARRIER WITHOUT YOUR WRITTEN PERMISSION.

THERE IS NO CHARGE FOR PIC FREEZE SERVICE. IF YOU WOULD LIKE TO PLACE A PIC FREEZE ON YOUR ACCOUNT, PLEASE FILL IN THE INFORMATION BELOW AND RETURN THIS FORM TO THE ADDRESS BELOW. YOU MAY OPT FOR PIC FREEZES ON YOUR 1) LOCAL TELEPHONE SERVICE, 2) INTRALATA LONG DISTANCE SERVICE AND/OR 3) INTERLATA LONG DISTANCE SERVICE.

IN ORDER TO REMOVE A PIC FREEZE, YOU MUST SIGN A CUSTOMER AUTHORIZATION FORM STATING YOUR INTENT TO LIFT THE PIC FREEZE. PLACING A PIC FREEZE ON YOUR ACCOUNT WILL DELAY PROCESSING OF AN ORDER TO CHANGE YOUR PIC. THE PIC FREEZE REMOVAL FORMS ARE AVAILABLE AT WWW.EATEL.COM / FORMS. THE STEPS REQUIRED TO REMOVE A PIC FREEZE ARE IN ADDITION TO THE REGULAR SECURITY AND VERIFICATION PROCEDURES NECESSARY TO CHANGE YOUR PREFERRED CARRIER.

SERVICE CATEGORIES

(CHECK ALL THAT ARE APPLICABLE TO THIS REQUEST.)

❍ I hereby agree to a PIC Freeze for my Local Telephone Service with **EATEL**.

Phone Numbers: ( ) – ( ) –

(TO BE COVERED BY THE PIC FREEZE)

Authorized Customer Signature: _____ Date: _____

❍ I hereby agree to a PIC Freeze for my IntraLATA Long Distance Service with **EATEL**.

IntraLATA are toll calls made within your service area but outside of your basic local calling area.

Phone Numbers: ( ) – ( ) –

(TO BE COVERED BY THE PIC FREEZE)

Authorized Customer Signature: _____ Date: _____

❍ I hereby agree to a PIC Freeze for my InterLATA Long Distance Service with **EATEL**.

InterLATA are toll calls made within your service area but outside of your basic local calling area.

Phone Numbers: ( ) – ( ) –

(TO BE COVERED BY THE PIC FREEZE)

Authorized Customer Signature: _____ Date: _____

Customer Name (PLEASE PRINT AS IT APPEARS ON YOUR EATEL ACCOUNT)

Billing Address

STREET

CITY STATE ZIP

MAIL COMPLETED FORM TO:

EATEL

Residential Customer Service
913 S. Burnside Ave.
Gonzales, LA 70737