REQUEST TO CHANGE LONG DISTANCE CARRIER

Mark One	Name of Carrier Requested	Carrier ID Code (CIC)
InterLATA		
BOTH		
Customer Name (please print)	:	
Phone Number(s) to be chang	ed:	
I request Calaveras Telephone I understand that to change m	e Company to change my carrier specified above. y carrier a charge will apply.	
Authorized Customer Signatur	e:	Date:

ADD or REMOVE LONG DISTANCE FREEZE

ADD PIC FREEZE

Yes, I want an interLATA PIC Freeze placed on my line to avoid a service change without my authorization.

Yes, I want an intraLATA PIC Freeze placed on my line to avoid a service change without my authorization.

REMOVE PIC FREEZE

REMOVE the interLATA PIC Freeze that I placed on my line so that my choice of carrier may be changed at any time. REMOVE the intraLATA PIC Freeze that I placed on my line so that my choice of carrier may be changed at any time.

Authorized Customer Signature: _____ Date: _____

Phone number(s) to be changed:

CALTEL LONG DISTANCE SIGN-UP FORM

CALTEL Long Distance service is available to all Calaveras Telephone Company customers who qualify. To sign up, choose the option you prefer, sign, date and return this form.

		Without	Plan:	\$0.00 /	month
--	--	---------	-------	----------	-------

\$.11 / minute Intrastate \$.11 / minute Interstate

\$.08 / minute Intrastate

With Plan: \$4.95 / month

SS# is required for Credit Check

Authorized Customer Signature: _____ Date _____

\$.08 / minute Interstate