



LETTER OF AGENCY

To comply with commission and State regulations, Tech Com Inc., dba Genuine Telecom requires your authorization before changing your long distance or local carrier. Please provide us with the information below and email, fax or mail this sheet to Genuine Telecom as follows: (email: info@genuinetel.com; fax: 608-647-4265; 1027 N Jefferson St Richland Center WI 53581)

ACCOUNT INFORMATION

Customer Name: _____ Main Telephone Number: _____

Billing Address: _____ Authorized Contact: _____

_____ Contact Number: _____

Customer intends to change its authorized telephone numbers to Tech Com Inc., dba Genuine Telecom for the telephone numbers listed below, and designates Tech Com Inc., dba Genuine Telecom to act as Customer's agent for this change. Only one telecommunications provider may be designated as my preferred carrier for local Exchange, InterLATA toll and IntraLATA toll for any particular telephone number, and all such services will be provided subject to Tech Com Inc., dba Genuine Telecom tariffs, except as otherwise specifically agreed. I will contact Tech Com Inc., dba Genuine Telecom at 608-647-2345 if I have questions.

Authorized Signature: _____ Date: _____