



1400 River Street  
Wilkesboro, NC 28697

Phone: 336.973.3103  
Fax: 336.973.3290  
www.wilkes.net

## LETTER OF AUTHORIZATION

**Please complete, sign and return this form if you would like for Wilkes Long Distance, Inc. to carry all your toll calls.**

Yes! I want to switch from my current long distance company to Wilkes Long Distance, Inc. for all of my long distance calls. That includes in-state, intraLATA, interLATA, state-to-state and international calls. I understand that I may be assessed a fee for making this change.

I designate Wilkes Long Distance, Inc. to act as my agent to make this change to my telephone number(s) listed below.

I understand that my application may be subject to a credit review. I further understand that Wilkes Long Distance, Inc. may reject this application for any reason.

Please switch the telephone number(s), including dedicated fax or modem lines, listed below to Wilkes Long Distance, Inc for all my long distance calls

This form must be signed by the person responsible for phone service at the number(s) listed below.

**Please list the phone numbers you would like switched to Wilkes Long Distance, Inc.:**

( ) \_\_\_\_\_  
Area Code Telephone Number

( ) \_\_\_\_\_  
Area Code Telephone Number

( ) \_\_\_\_\_  
Area Code Telephone Number

( ) \_\_\_\_\_  
Area Code Telephone Number

or, if you have multiple lines and would like all of your lines to have Wilkes Long Distance service, please provide the Billing Account Number:

( ) \_\_\_\_\_  
Area Code Telephone Number

**Please check the appropriate box(es):**

15¢ per min. (no monthly fee)

10¢ per min. (\$4.95 monthly fee)

Yes! I want a Calling Card. My four digit pin: \_\_\_\_\_

Number of cards requested (circle one): 1 2 3 4

Yes! I would like international call blocking \_\_\_\_\_ (initials)

Yes! I would like a Toll Free Inbound Number (please select the appropriate plan)

15¢ per min. (\$5.00 monthly minimum)

10¢ per min. (\$4.95 monthly fee)

**Please Print:** (name must be printed as it appears on your telephone bill)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_