

**BPS TELEPHONE COMPANY
PIC FREEZE AUTHORIZATION FORM**

Name on the Account:

Telephone Number:

Address:

(Please be sure that the name and address on this form matches the name and address for the telephone number)

I hereby authorize BPS Telephone Company to implement, effective immediately, a freeze of my provider for the service or services indicated by my signature or signatures below. I understand that I will be unable to make a change in provider for any of the services on which I place a freeze, unless I first instruct BPS Telephone Company to remove the freeze. I understand that I will not be charged by BPS Telephone Company to implement the PIC freeze.

Freeze my IntraLATA long distance carrier (see attached "Important Information Regarding Changes in Long Distance Companies" for explanation of "IntraLATA").

IntraLATA Carrier

Signature

Date

Freeze my InterLATA long distance carrier (see attached "Important Information Regarding Changes in Long Distance Companies" for explanation of "InterLATA").

InterLATA Carrier

Signature

Date

Should you choose, in the future, to orally instruct us to remove your freeze, the Federal Communications Commission requires that we confirm your identity before we remove your freeze. Please provide the following so that we will be able to comply.

Social Security # _____

Birthdate _____