



Preferred Long Distance Carrier Form

This form designates your preferred long distance carrier(s) for InterLATA, IntraLATA, and International calling. You will not be connected to these carriers until this form is returned to Lackawaxen Telecommunications Services, Inc.

(please print)

| | | | | |
|----------------------------|------|------------|-------------|--|
| Account Information | | | Date | |
| Last Name | | First Name | Middle Name | |
| Billing Address | City | State | Zip Code | |
| Telephone Number | | | | |

Long Distance Carrier Selection

You must select long distance carriers for your InterLATA and IntraLATA calls. The following carriers are available in our area: ATT, ATX, Capital, Excel, Frontier/Global Crossing, Lackawaxen Long Distance, LTS, MCI, Qwest, Sprint, Verizon, and several others. *(You may opt not to select a carrier, by entering "none" but there will be areas you are unable to call.)*

| | |
|------------------------------------------|--|
| InterLATA (state to state) Toll Service: | |
| IntraLATA (in state) Toll Service: | |
| International Toll Service: | |

It is your responsibility to contact the long distance carrier and set up your account. They will bill you directly for your long distance service, and only they can inform you of their rates and service plans.

If you currently have long distance service, you will remain connected with your existing carrier(s) until this form is returned.

For new long distance service, you will not have access to 1+ dialing until this form is returned. You will need to use a dial around (1010) code to place long distance calls.

There is a one time charge of \$5.50 (InterLATA) and/or \$2.75 (IntraLATA) to change to a different long distance carrier.

Applicant's Signature

I understand that by signing this form, Lackawaxen Telecommunications Services will connect me to my preferred carrier(s) in their switching equipment. This form does not signify that an account is established with the carrier(s). I must contact my carrier(s) of choice to set up an account. If I do not establish an account, the carrier(s) may charge me casual dial rates.

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

Submitting Your Carrier Form

Please return the completed form to our Business Office within 5 days. You may mail, fax, e-mail, or drop off this form at our office. If you have any questions, please contact us at 570-685-7111.

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