

1. Customer Name (as it appears on local telephone bill)

Last: _____ First: _____

2A. Service Address (primary address where the telephone service will be located, No PO Boxes, etc.)

Address: _____

City: _____ State: _____ Zip Code: _____

2B. Billing Address (as it appears on local telephone bill, if different from the address in 2A.)

Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number(s), and Service(s), for which you authorize Galaxy Internet Services Inc. Agency.*

***NOTE:** All numbers grouped or billed with each "Billing Telephone Number" ("BTN") below will be changed to Galaxy Internet Services Inc. and RNK Telecom®, its contractor, for Local, IntraLATA Toll ("Toll") and InterLATA Long Distance ("LD"), as indicated below.>(*RNK Telecom® maintains state local carrier certification and FCC sec. 214 authorization for interstate and international service.)

Please change my local, toll, and long distance provider for the following number(s):

*******IMPORTANT: Separate forms are required for numbers on different accounts or that have different service addresses or billing information*******

I understand that these selections will replace my prior carrier(s) service for local, toll, and long distance and "1+" calls.

VERIFICATION: PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address in (2A), above, is the address where I will be using this service. I authorize Galaxy Internet Services Inc. or its contractor to act as my agent to change my preferred carriers for the number(s) listed, to obtain any information Galaxy Internet Services Inc. or its contractor deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I understand that the functionality of this service is dependent on my Internet connection. I further understand that this VoIP Service does not include back-up electrical power. In the event of an interruption to my Internet connection and/or an electrical power outage (as is the case with an electric-powered cordless phone), this VoIP Service, including the ability to access 911/E911 Services, will not be available, and I thereby waive Galaxy Internet Services Inc. and RNK Telecom of all related liability. Further, I understand that all outgoing telephone service sessions (including calls to 911, E911, and/or other emergency services) will require me and any authorized users to log in with a password, the security of and knowledge of which is my responsibility and which may cause delays or connection failures, and understand that I am responsible for informing others of the terms of service, and specifically, that E911 service is not available outside my service address. I further understand that I am authorizing change(s) of my primary carriers for these service(s), and that I may select only one primary carrier per service, per number. I authorize Galaxy Internet Services Inc. or its contractor to notify my current carrier(s) for the listed number(s) and service(s) that Galaxy Internet Services Inc. or its contractor will become my local, toll and long distance provider, as indicated above. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

Signature _____ Today's Date _____

REQUIRED FOR ELECTRONIC SIGNATURE CONSENT:

Residential: Social Security Number: _____ Date of Birth: _____

Business: Federal Tax ID Number: _____