

Atlantic Telephone DSL Line

Letter of Agency

Fax to: Xaranda Internet Services
910-755-0101

Please complete the following form that will allow **Xaranda Internet Services (XIS)** and/or its suppliers, to act in your behalf to have Atlantic Telephone's DSL Line installed.

Yes, I understand that by signing this form, **I authorize XIS** to have Atlantic Telephone's DSL Line installed on the telephone line(s) listed below. I am selecting **XIS** as my Internet Service Provider (ISP).

Yes, I understand that by signing this form I will be billed **\$24.95 per month, per line** by Atlantic Telephone for a DSL Line **plus any applicable federal and state surcharges and taxes.**

NAME (PLEASE PRINT)

SIGNATURE

DATE

MAILING ADDRESS: _____

Enter the telephone number below that the Atlantic Telephone DSL Line is to be installed on: _____

Do you need a phone jack to be installed: Yes No

Is this a new DSL Line:

Yes

No** Name of previous Internet Provider: _____

** There is a \$42.00 charge for adding a phone jack and a \$12.00 charge for changing Internet Providers. The charges will be applied to your phone bill.