



REQUEST OF SERVICE CHANGE
Le-Ru Broadband & Telephone Company
P. O Box 147
Stella, MO 64867

Office: (417) 628-3844 Toll Free: (866) 628-3844 Fax: (417) 628-3686 Email: info@leru.net

Services will be changed on the date Le-Ru Broadband & Telephone Company receives this document. Service charges will be pro-rated from the date of disconnect.

I hereby request, Le-Ru Broadband & Telephone Company, to make changes to my account regarding the services provided. Please change the following:

Add Telephone Service (\$27.60 per month)

Add Calling Options (per month):

Voicemail (\$2.50) Caller ID (\$3.75) Call Waiting (\$2.50)
 Call Forwarding (\$2.50) 3-Way Calling (\$2.50)

Add Long Distance Service:

Classic (\$.14/min) Premium (\$.10/min+\$3.95/month)
 Elite (\$.08/\$.09/min+\$6.95/month) Other: _____
(Please provide Company Name)

Add/Switch Internet Service (per month):

10/1 Mbps with telephone services (\$63.95) 25/3 Mbps with telephone services (\$89.95)
 50/3 Mbps with telephone services (\$109.95) Highest Available with telephone services
 10/1 Mbps Internet Only (\$79.95) 25/3 Mbps Internet Only (\$99.95)
 50/3 Mbps Internet Only (\$119.95) Highest Available Internet Only

Fiber Internet Options (per month where available):

50/50 Mbps with telephone services (\$50.00) 100/100 Mbps with telephone services (\$65.00)
 500/500 Mbps with telephone services (\$70.00) 1/1 Gbps with telephone services (\$84.00)
 100/100 Mbps Internet Only (\$124.95) 500/500 Mbps Internet Only (\$139.95)
 1/1 Gbps Internet Only (\$154.95)

Other: _____

(Please Describe)

Disconnect Services

All Services

Telephone Services

Internet Services

Other: _____

Date to be Disconnected: _____

Reason for Disconnection: _____

Forwarding Address: _____

Contact Phone #: _____

Only authorized persons who are listed on the account are capable of changing or disconnecting services. Exceptions cannot be made just because the person named on the account is in the hospital/nursing home or even deceased. Only persons listed on the account or those with Power-of-Attorney can authorize changes to the account.

Account Holders Name: _____

Service Phone #: _____

Account #: _____

Signature: _____

Date: _____

Print Name: _____

For Office Use Only:

Date: _____

Account #: _____

Phone #: _____