



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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Voicemail (\$2.50) | <input type="checkbox"/> Caller ID (\$3.75) | <input type="checkbox"/> Call Waiting (\$2.50) |
| <input type="checkbox"/> Call Forwarding (\$2.50) | <input type="checkbox"/> 3-Way Calling (\$2.50) | |

Add Long Distance Service:

- | | |
|---|---|
| <input type="checkbox"/> Classic (\$.14/min) | <input type="checkbox"/> Premium (\$.10/min+\$3.95/month) |
| <input type="checkbox"/> Elite (\$.08/\$.09/min+\$6.95/month) | <input type="checkbox"/> Other: _____
<small>(Please provide Company Name)</small> |

Add/Switch Internet Service (per month):

- | | |
|--|---|
| <input type="checkbox"/> Highest Available with telephone services | <input type="checkbox"/> 50/3 Mbps with telephone services (\$109.95) |
| <input type="checkbox"/> 25/3 Mbps with telephone services (\$89.95) | <input type="checkbox"/> 10/1 Mbps with telephone services (\$63.95) |
| <input type="checkbox"/> Highest Available Internet Only | <input type="checkbox"/> 50/3 Mbps Internet Only (\$119.95) |
| <input type="checkbox"/> 25/3 Mbps Internet Only (\$99.95) | <input type="checkbox"/> 10/1 Mbps Internet Only (\$79.95) |

Fiber Internet Options (per month where available):

- | | |
|---|---|
| <input type="checkbox"/> 1/1 Gbps with telephone services (\$84.00) | <input type="checkbox"/> 500/500 Mbps with telephone services (\$70.00) |
| <input type="checkbox"/> 100/100 Mbps with telephone services (\$65.00) | <input type="checkbox"/> 50/50 Mbps with telephone services (\$50.00) |
| <input type="checkbox"/> 1/1 Gbps Internet Only (\$154.95) | <input type="checkbox"/> 500/500 Mbps Internet Only (\$139.95) |
| <input type="checkbox"/> 100/100 Mbps Internet Only (\$124.95) | <input type="checkbox"/> 100/20 Mbps Internet Only (\$84.95) |

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 #: _____