



**Letter of Agency to Request Authorization
for CUSTOMER SERVICE REPORTS (read only)**

Suite 333
100 N. Main St.
Elmira, NY. 14901
Client Services: 1-607-733-9933

Current local service provider: _____

Reference:

(Customer Name)

(Street Address)

(City) (State) (Zip)

To Whom It May Concern:

The Undersigned states that he/she has the authority to and does appoint **TriStar Savings Group** and/or its subsidiaries, partner companies and/or its agents **ONLY TO REQUEST AND RECEIVE FROM OUR CURRENT LOCAL AND/OR LONG DISTANCE SERVICE PROVIDER(S) THE CUSTOMER SERVICE RECORDS(S)** for the entire account referenced by the main billing telephone number(s) listed below, including all services at all customer locations. All information will be held in the strictest of confidence. No information obtained by TriStar Savings Group will be disseminated in any way without expressed written approval of the undersigned.

**THIS AUTHORIZATION IS NOT A REQUEST TO CHANGE LOCAL
AND/OR LONG DISTANCE SERVICE PROVIDERS AND**

MAY NOT BE USED TO REQUEST CHANGES TO CUSTOMER'S SERVICES.

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

AUTHORIZATION	
(Client)	TriStar Savings Group (Agent)
X (Authorized Signature)	(Authorized Signature)
(Name Printed)	Robert Madden (Name Printed)
(Title)	President (Title)
(Date)	(Date)