



Bona Fide Retail Request Program

Individual Written Request for Advanced Services - Bona Fide Retail Request Program

I, _____ (print name of person or entity), seek advanced services pursuant to the Bona Fide Retail request Program ("BFRR") of Embarq local telephone company.

Describe the advanced service requested, including requested speed of service:

Number of lines requested: _____

Service address for each line (street address, city/town, zip code): _____

Phone number at service address: _____

Is local service at this address currently provided by Embarq: _____ Y/N _____

Designate name (if applicable): _____

Contact address (customer or designate) (street address, city/town/ zip code): _____

Contact phone number (customer or designate): _____

Contact e-mail: _____

Please indicate your acceptance of each statement below by placing your initials in the space provided.

Initials: _____ I verify that the information provided above is true and correct to the best of my knowledge.

Initials: _____ I verify that I have the authority to sign on my behalf and /or on behalf of any entity listed above.

Initials: _____ I agree to provide a written notice and update regarding the foregoing information in the event of a change of residence or change in customer account responsibility.

Initials: _____ I understand that to be considered a Bona Fide Retail Request, Embarq must receive written requests for a minimum of 50 retail access lines, or 25% of retail access lines within a community, whichever is less.

Initials: _____ I commit to subscribe to the requested advanced service for a minimum of one (1) year subject to my agreement to the Company's price and terms.

Embarq will provide written confirmation of its receipt of this Individual Request For Advanced Services to the contact address indicated above. Within 30 days of receipt of a qualified BFRR (see section I. B. of Embarq's Plan Description), Embarq will provide notification, to the contact address indicated above, of the expected date of the availability of the service requested including rates and terms in effect at that time.

Submit this completed and signed form to:

Embarq, Bona Fide Retail Request Program, 240 North Third Street, Harrisburg, PA 17101

Signature of customer or authorized designate: _____ Date: _____