

CARRIER PRE-SELECT LETTER OF AGENCY

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NAME/ COMPANY NAME _____

PHYSICAL ADDRESS _____

I.D. NUMBER _____

CHAMBER OF COMMERCE No. _____

CITY _____

CONTRACT ID _____

NEW ADD TO ACCOUNT CHANGE

The undersigned wishes to switch its current international telecommunications service to SMITCOMS N.V., as such SMITCOMS N.V. is hereby authorized to act on behalf of the customer for the purpose of (1) notifying customer's local Curacao phone company of the selection of SMITCOMS N.V. its primary international carrier, and (2) ordering, in connection with SMITCOMS N.V.' provision of service, changes in and/or maintenance on specific telecommunications service including, without limitation, adding to or rearranging such telecommunications service(s).

The undersigned customer's selection of SMITCOMS N.V. will apply only to the telephone number(s) listed below.

Unless otherwise expressly agreed to in writing, SMITCOMS N.V. shall have no obligations or responsibility to arrange for termination or removal of telecommunications services provided by other long distance providers. The undersigned customer shall remain responsible for terminating and removing any such unwanted services and circuits provided by other long distance providers.

I understand that my local phone company may charge a fee per line to long distance carriers. I certify that I have the authority to change communications carriers for each of the numbers identified below and that I am at least eighteen (18) years old. I understand that I may designate only one primary long distance carrier for any one telephone. With these understandings, I select SMITCOMS N.V. to provide the communications service types indicated above for each of the telephone numbers listed below.

Phone Numbers to be Serviced by SMITCOMS N.V.	<input type="checkbox"/> FIXED	<input type="checkbox"/> TELEFASIL
Main Number : _____		
Additional Numbers : 1. _____		6. _____
: 2. _____		7. _____
: 3. _____		8. _____
: 4. _____		9. _____
: 5. _____		10. _____

Printed Name Signatory :----- **Title:**-----

Authorized Signature :----- **Date:**-----