



## Customer Proprietary Network Information Authorization For Business Customers

**Please Update My Business Account Information**  
*Please print*

Billing Name:

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Billing Account No(s):

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**IMPORTANT: If your business has several accounts, Alliance needs you to designate an authorized person(s) for each account.**

I authorize Alliance Communications to allow the following person(s) to obtain information or make changes to the business account(s) listed above:

Name 1: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name 2: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Password for this account: \_\_\_\_\_

Date: \_\_\_\_\_

Please retain a copy of this form for your records. You will need your password in order to make changes to your Alliance account or to access account information.

Return this form to Alliance Communications, Attn. Paul VanDeBerg, PO Box 349, Garretson, SD 57030, or fax to 1 (605) 582-3922.