

PIC Freeze to prevent Slamming



A "preferred Carrier Freeze" (PIC Freeze) prevents a change in your long distance carrier selection, the intent of the PIC Freeze is to help protect telephone customers from being "slammed". Slamming is the "unauthorized switching" of your long distance carrier.

To lift the PIC Freeze and/or make a change to your long distance carrier while the PIC Freeze is in place, you must notify Consolidated by using one of the following methods:

1. Oral authorizations stating your intent to lift the PIC Freeze by calling 483-4000 or 1-888-225-5282.
2. Written and signed authorization including telephone number(s) stating your intent to lift the PIC Freeze or make a change to a new long distance carrier. This must be sent to:
Consolidated
P.O. Box 1408
Dickinson, ND 58602
3. By asking your new authorized long distance carrier to call Consolidated while you remain on the line (3-way call). The number to call is 1-888-225-5282. If you suspect you have been switched to another carrier without your authorization, notify Consolidated and your authorized long distance carrier. If you need assistance, please call us at 483-4000 or 1-888-CALLCTC and ask for Customer Service.

YES! I'd like a PIC Freeze.

Complete form below, detach & return with your Consolidated phone bill, or fax to 701-483-0001.

This service is provided FREE of charge. By completing this form, you are authorizing Consolidated to establish a PIC Freeze on your telephone account. We will not change your long distance carrier without your authorization.

Check one or both of the following choices:

- ☐ Freeze my "in the state" long distance carrier
The Long Distance Company I have chosen is: _____
- ☐ Freeze my "out of state" long distance carrier
The Long Distance Company I have chosen is: _____

Please PIC Freeze the following main bill number and all additional numbers to this account: _____

The ONLY person(s) authorized to lift or change this PIC Freeze:

Print Name _____ Authorized Signature _____

Print Name _____ Authorized Signature _____

Name on Telephone Account (please print) _____

☐ Business Account ☐ Residential Account

Billing Address _____

City, State, Zip _____

Today's Date _____