

LETTER OF AGENCY CHANGE OF RESPORG

The undersigned customer hereby appoints Initiatel, LLC to act as its authorized agent for all matters pertaining to the telephone number(s) listed below. This agency includes, without limitation, the ordering or rearrangement of service, assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by Initiatel, LLC to implement the services ordered. The signer warrants that he/she is an authorized signatory for the company.

IMPORTANT NOTE: This form must match the existing customer record with your current phone company or the port will be rejected. Please consult a current bill for this information, or contact your carrier and request a CSR (Customer Service Record).

You **must** use a separate copy of the form for each phone company we are porting from, and each company name or address that is being ported. Use a separate form for local and toll-free numbers.

If the service address and billing address are different, enter the service address below and notify us of the difference when you send in the form.

Company name:		Address:			_
Suite/other:	City:		State:	Zip:	_
Name of Authorized Signer:		Title:			-
Signature:		Date: _			_
Current phone company:		Account nun	nber:		
Enter the phone numbers to be p example: 6025551000-1019. Ple number. You may also use a CS	ease enter only numbe	rs unless it's a rar	nge. Do not	use punctuation or le	etters within a
Desired port date:	entered using the follow	wing two-letter cod	des: US=US	Sonly, XA=US & Car	nada, XB=US

per-minute charges. Customer is responsible for all calls to their toll-free numbers.