



Letter of Authorization (LOA)

Customer hereby requests service(s) through FaxSIPit Services Inc. Customer appoints FaxSIPit Services Inc. as its agent for ordering changes from its local carrier to FaxSIPit Services Inc. FaxSIPit Services Inc. may deal directly with the Customer's Local Company, or with any vendor, in all matters pertaining to this agency. Customer understands that only one local company may be designated for the telephone numbers listed below. Undersigned represents that he/she has the authority to order changes in local service(s) for Customer. This letter remains in effect until written cancellation is received from the Customer. FaxSIPit Services Inc. reserves the right to perform a customer credit profile and deny service on a negative customer credit profile.

Billing Telephone number: (BTN) (____)-____-_____
Current Provider: _____

Please convert the following number(s) to FaxSIPit Services Inc.

(____)-____-____ (____)____-____ (____)____-____
 (____)-____-____ (____)____-____ (____)____-____
 (____)-____-____ (____)____-____ (____)____-____

Below, please provide your current billing information for the above number(s) (less than 60 days old). This needs to match exactly with your billing info from your current provider.

Name: _____

Billing Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Service Address: (if different than above) _____

City: _____ **ST:** _____ **ZIP:** _____

By Signing in the Authorized Signature space, customer accepts the terms of the LOA.

Print Name Authorized Signature Date