



# TOLL NUMBER PORTABILITY FORM LETTER OF AGENCY

I wish to select T38Fax Incorporated as the preferred provider for the following services:

Local Exchange Service

IntraLata Service

InterLata Service

Company Name	
Authorized Billing Contact Name	Authorized Billing Contact Title

Current Service Provider		Account Number	
Service Address		Billing Telephone Number (BTN)	
City	State	Zip	Date

Authorized Billing Contact Signature    X \_\_\_\_\_

Fax Numbers To Port	Fax Numbers To Port

List of fax numbers to port is attached

My signature on this form authorizes T38Fax Incorporated (T38Fax) to act as my agent for the purpose of ordering, changing and/or maintaining communication services, including but not limited to local exchange, IntraLATA and/or InterLATA telephone services. T38Fax is also authorized to obtain billing information, customer service records and other network information required to provide my telephone service. I understand that I must pay a charge of approximately \$10.00 per line (not including any installation or account set up fees) to switch providers OR if this box is checked  the charge will be waived when switching to T38Fax.com FoIP Service.

I understand that I may designate only one primary interexchange carrier for any one telephone number for InterLATA and where applicable IntraLATA usage. Selection of T38Fax will apply to the fax number(s) listed on this form. I hereby acknowledge that, once the listed service has been activated/installed by T38Fax, it is my company's responsibility to notify each of my existing telecommunications services providers regarding the disconnection of any telecommunications services and/or facilities (e.g., T-1 circuits, PBX trunks) with that provider(s) which were not disconnected by said provider(s) during the port of services to T38Fax. T38Fax shall not be liable for any services for which my previous provider(s) continues to bill; my company shall be fully responsible for arranging for the final disconnection of services from my previous provider(s).

**THIS AUTHORIZATION REVOKES ANY PREVIOUS AUTHORIZATIONS REGARDING MY LOCAL, INTRALATA AND/OR INTERLATA TELEPHONE SERVICE AND SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING.**