



Letter of Authorization

Phone: 916-293-5300

Fax: 916-293-5301

To Whom It May Concern:

Date: _____

I hereby select **Voipia Networks** to be my local exchange provider and to act as our Agent in dealings with our current local exchange telephone company. **Voipia Networks** may place orders for new services, changes to existing services, and request and receive the results of busy/traffic studies. This authorization covers the following locations and lead billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for anyone telephone number.

Customer Billing Name: _____

Customer Billing Address: _____

Customer Service Address: _____

City, State, Zip Code: _____

Name of individual authorized to act for customer: _____

Telephone number of individual authorized to act for customer: _____

By signing below, I am authorizing **Voipia Networks** to become my new telephone service provider in place of Name of Current Provider: _____ for the provision of local telephone services. I authorize **Voipia Networks** to act as my agent to make this change happen, and direct Name of Current Provider: _____ to work with **Voipia Networks** to effect the change.

I understand that if I wish to return to my current local telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new local telephone company may have different rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

I authorize **Voipia Networks** to provide local service to my telephone number(s) listed below, and no others.

___ **Please check here if there are additional telephone numbers that are to port and attach on a separate page.**

Will this be a partial port? YES NO

If yes, remaining telephone numbers will stay active with current provider unless indicated otherwise.

I certify that I have read and understand the Letter of Authorization. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for services to the telephone numbers listed above.

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Customer acknowledges that Voipia Networks uses duly certificated telecommunications carriers (Underlying Carriers) to manage and complete the customer's Port request. Voipia's Underlying Carriers provide the network facilities for your telecommunications traffic and are responsible for working with other telecommunications carriers to arrange for the proper porting of telephone numbers. Customer authorizes Voipia Networks and its Underlying Carriers to act as their agent to notify the customer's local phone company of their decision to change their current long distance service to Voipia Networks service. Customer understands that their local phone company may charge them a fee to switch long distance carriers. Selection of Voipia Networks will apply to the telephone number(s) listed on this form. I, the customer, understand that I may designate only one inter-exchange carrier for one telephone number for interLATA and, where applicable, intraLATA usage, and hereby designate Voipia Networks as my primary carrier.

_____ **Customer Initials**