LETTER OF AUTHORIZATION

To: Veracity Networks

I hereby authorize VERACITY NETWORKS and its affiliate's access to our account information (i.e., customer service records, inventory itemization, rates, charges and copies of billing) in connection with the sales and/or marketing of network services, customer premises equipment (CPE) and enhanced services.

I hereby authorize _____ to provide any information requested by them pertaining to

☐ DID ☐ DIOD ☐ TFN telephone service used by our company.

Under the terms of this letter, I hereby authorize VERACITY NETWORK to handle the negotiations of, and submission of requests for all telecommunications services provided to the undersigned*

I hereby request that this authorization to be applied to all of our existing accounts and any new accounts. This authorization does not preclude my company from acting on our own behalf if it is deemed necessary. Any re-quests for changes, additions, or deletions of our currently existing service will be required to bear the signature of an authorized customer agent. I understand that this authorization will remain effective until modified and/or revoked, in writing, by me or another authorized representative of my company.

This LOA is effective for the numbers below, or see-attached worksheet:

FOR VERACITY TO FILL:

Authorized Signature (Veracity Representative)	Account Executive (Agency Representative)

FOR CUSTOMER TO FILL:

CUSTOMER NAME:	BILLING PHONE NUMBER:

Print Name	Authorized Signature (Customer Representative)	Title	Date

*For purposes of this agreement, telecommunications services includes, but is not limited to, selections of communications providers and services plans

IMPORTANT: A copy of customer's Local bill summary page may be attached for processing.

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1. **Company Name**: Your name should appear exactly as it does on your telephone bill. (Company name needs to be the Customer Service Record in which the DIDs are provided under)
2. **ACCOUNT NUMBER**: List your most current account number associated with your numbers. (If you have more than one account number, please list them or identify them on your spreadsheet)
3. **Address**: Primary address where the telephone service(s) is located. (If different from your billing address, it should appear as it does on your local telephone bill)
4. **Telephone Numbers**: All telephone Number(s) for which you authorize change from your current phone service provider to VERACITY NETWORKS

COMPANY INFORMATION

COMPANY NAME:

SERVICE ADDRESS:

ACCOUNT NUMBER:
(If Microsoft please enter Tenant ID for account #)

CURRENT SERVICE PROVIDER:
(if more than one provider, please complete a new LOA per provider)

PRIMARY CONTACT NAME:

PHONE:

EMAIL:

PORTING PIN:

Porting Pins are Mandatory if Porting away from Microsoft.
See: Set your Microsoft port out PIN

PORTING DATE:

☐ **Check this box, if you have additional numbers on your Account with your Current Service Provider that you do NOT want ported.**

LIST ALL DIDS OR ACCESS NUMBERS TO BE PORTED: (YOU MAY ATTACH AN EXCEL SPREADSHEET)

1)	8)
2)	9)
3)	10)
4)	11)
5)	12)
6)	13)
7)	14)

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Please note that your service for the number(s) listed will be changed to VERACITY NETWORKS or its designee, and that any services associated with this number(s) will be lost if you port this number(s).

VERIFICATION – PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent a business with the above-named local service provider, authorized to change the primary carrier(s) for the telephone number(s) listed. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address of service. I authorize and designate VERACITY NETWORKS to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information VERACITY NETWORKS deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed VERACITY NETWORKS will become my Local and Long Distance provider, as indicated above. I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a onetime charge for requested service change(s) for each telephone number.

Printed Name	Authorized Signature	Date