



LETTER OF AGENCY

1. **Customer Name** (your name should appear EXACTLY as it does on your local telephone bill)

First Name Last Name

Business Name (required only if phone service is in your Company's Name)

2. **Service Address** (primary address where the telephone service will be located. Note: Cannot be a PO box!)

Address City State Zip Code

3. **Billing Address** (if different from your service address, should appear EXACTLY as it does on your local telephone bill)

Address City State Zip Code

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider to 1-VoIP Enhanced Services, LLC ("1V"). Please note that your local, in-state toll and/or long distance service for the number(s) listed below will be changed to 1V, and that any services associated with this number(s), such as Centrex, DSL or Ringmate, will be lost if you port this number(s).

Current Service Provider _____

Telephone Number(s) (list all numbers to be ported)

() _____ - _____ () _____ - _____ () _____ - _____

Billing Telephone Number: _____ **Account #** _____ **Security Code/PIN:** _____

(This MUST be provided if number(s) is to be ported).

____ *Check here if you have other numbers on your account with your current service provider that you do NOT want ported.*

5. If the number(s) to be ported is a mobile number, please provide the following information:

Mobile Number: _____ **Mobile Account Number:** _____ **PIN:** _____

VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent, the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. I warrant that the address that I have provided above is the address where I will be using this service. I designate 1V as my agent to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information 1V deems necessary to make the carrier change(s), including, for example, 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 1V will become my local, in-state toll and long distance provider. 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 one-time charge for requested service change(s) for each telephone number.

The parties agree that this agreement may be electronically signed. The parties further agree the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Signature: _____ **Date:** _____

Printed Name: _____ **VoIP User Name:** _____