



LETTER OF AGENCY (“LOA”)

Customer Name:

Physical Address:

CHANGE OF PREFERRED CARRIER: The undersigned, a duly authorized representative of Customer, has made a decision to change its preferred carrier to TeligentIP and does hereby authorize and appoint TeligentIP, 8156 S. Wadsworth Blvd Suite E-354, Littleton, Colorado 80128 to act as Customers authorized agent and communications representative for the service indicated below. This authorization grants TeligentIP the authority to handle the negotiations, make all decisions and implement all actions deemed by TeligentIP necessary and appropriate to affect the implementation of the following communications services. This authorization shall not supersede the Customer’s own authority.

The Scope of this agency shall include but not be limited to:

Local Exchange Service Provider: Handling all negotiations for telephone service regarding our telephone system. This will include the porting of numbers indicated below

InterLATA Toll (“Inter LATA”): Designation of TeligentIP as Customer’s preferred InterLATA toll provider.

IntraLATA Toll (“Intra LATA”): Designation of TeligentIP as Customer’s preferred IntraLATA toll provider.

Numbers for Port	Billing Phone Number	Current Carrier	Service Type

Note: Please attach List of Numbers if more space is needed.

Customer understands and acknowledges that only one telecommunications provider can be designated as Customer’s preferred carrier for local exchange and/or InterLATA toll and/or IntraLATA toll for any particular telephone number.

This LOA will expire the earlier of (a) written notice from Customer, or within 30 days from the signature date as per Federation Regulation.

Customer Signature: _____

Printed Name: _____

Title: _____

Date: _____