



Velocity Networks

Letter of Authorization

To Whom It May Concern:

I hereby select Velocity Networks, Inc to be my local exchange provider and to act as our Agent in dealings with our current local exchange telephone company. Velocity Networks, Inc 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 location 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 any one telephone number.

Customer Billing Name: _____

Customer Billing Address: _____

City, State, Zip _____

Customer Billing Telephone Number _____

If your billing address is different than the address of your phone server please provide:

Customer Service Address: _____

City, State, Zip _____

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

I understand that if I wish to return to my current legal telephone company, I may be required to pay reconnection charge to the 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 Velocity Networks, Inc. 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 number(s) listed above.

Authorized Signature _____ Title: _____

Printed Name: _____ Date: _____