

**LETTER OF AGENCY (LOA)**  
and Customer Service Records (CSR) Request

**My signature below certifies that I am the customer of record or the authorized representative for payment for each of the telephone numbers listed below.**

For each of the telephone numbers listed herein and on Attachment A, I appoint VOIPHEAD, LLC (hereinafter "VOIPHEAD") to act as my Agent for the purpose of collecting my account information with my current local telephone carrier or provider (hereinafter "Provider").

By selecting VOIPHEAD to act as my Agent to research my current services with my current Provider of local telephone service, **I am authorizing** the change of my local telephone Provider from that/those which I am currently using to VOIPHEAD. This authorization will expire only written notification only.

<b>Billing Telephone Number (BTN):</b>	
<b>Losing Carrier:</b>	
<b>Losing Carrier Account Number:</b>	

**LOA Instructions:**

1. Only one (1) BTN may be associated with each LOA. If you have additional BTN's, you must submit an LOA for each BTN. Please contact your VOIPHEAD representative if you need assistance identifying each BTN.
2. Please provide a copy of the most recent losing carrier invoice for the BTN listed above (Must include ALL pages). **The information on this LOA MUST match the attached losing carrier invoice.**
3. Use Attachment A for listing all telephone numbers associated with this BTN.

**Please Type:**

This information MUST match your current invoice and account information.

<b>Customer (Company) Name:</b>
Service Address:
City, State, ZipCode:
Account Contact (Local Contact):
Title:
Telephone Number: (your phone #, not BTN):

**Sign and Authorize:**

<b>SIGNATURE:</b>	Date:
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Please email this signed LOA to [jmilner@voiphead.com](mailto:jmilner@voiphead.com)

See **Attachment A** for additional telephone numbers related to this BTN

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**Attachment A**

<b>Billing Telephone Number (BTN):</b>	
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Only one (1) BTN may be associated with each LOA. If you have additional BTN's, you must submit an LOA for each BTN. Please contact your VOIPHEAD representative if you need assistance with identifying the proper BTN.

Telephone Numbers <b>TO BE PORTED</b>	<i>Instructions:</i>
List telephone numbers here (one per line):	The numbers listed in this table <b>WILL</b> be ported. Please clearly indicate if any numbers are associated with DSL line, Fax, or if a part of a Centrex type service.  For example:

Telephone Numbers That <b>WILL NOT</b> Be Ported	<i>Instructions:</i>
List telephone numbers here (one per line):	The numbers listed in this block <b>WILL NOT</b> be ported to VOIPHEAD. They will remain with the losing carrier. Please make certain all numbers are accounted for so that your number porting is not rejected for inaccuracies.  <b>NOTE:</b> If the BTN is being ported to VOIPHEAD, you must identify a new BTN for the numbers that <b>WILL NOT</b> be ported.

</End>