

Letter of Agency



and other Interface Companies



Customer Billing Name: _____			
Customer Billing Address: _____	City: _____	State: _____	Zip: _____
Customer Street Address: _____	City: _____	State: _____	Zip: _____
Authorized person/officer of the co.: _____	Title: _____	Phone: _____	

The signature below confirms my decision to change from my current carrier(s) to Interface for the individual service or services I have designated by marking the boxes below. I understand that only one carrier may be designated as my interstate or interLATA primary interexchange carrier for any telephone number. I choose Interface and/or their telecom carriers for the services marked

Service Type: Local Exchange

I select Interface to provide the telecommunications service types indicated above for each of the telephone numbers listed.

Billed Telephone Number(s) (BTN):	Use separate page for additional BTNs: <input type="checkbox"/> Check here if used

The undersigned here authorizes Interface to act as the Responsible Organization for the following toll free number(s):

TOLL FREE NUMBERS:			

KSW01		OR	
NEW Resp Org ID	OLD Resp Org ID		Old TF Provider

The undersigned represents and warrants that it is the exclusive end user subscriber of the toll free number(s) listed herein and authorizes Interface to request a change of the RespOrg code in the SMS/800 to "KSW01" effective on ____/____/____ (am or pm) for the toll free numbers.

Customer and the person(s) executing this Letter of Agency (LOA) appoint Interface to:

- a) Act as Customer's agent in order to effectuate the collection of account information and to carry out the change(s) authorized herein on Customer's behalf.
- b) Act as Customer's communications representative for negotiations with the local telephone company to change local exchange service to Interface.
- c) Handle all negotiations for service requests, including access service requests (ASRs) and the issuance of orders related to Customer's telephone systems at address listed herein.

This Authorization is in addition to any other agency agreements currently in effect and does not preclude Customer from acting on its behalf when deemed necessary. This agency designation supersedes previous LOA agreements. This authorization is effective from the date written below until termination or revoked by Customer in writing to Interface.

**I understand and accept the terms and conditions of this Letter of Agency.
I AM DULY AUTHORIZED TO MAKE THE CHANGE(S) INDICATED BY EXECUTING THIS AGREEMENT.**

(COMPANY) By: _____ Sales Representative	_____ Date	(CUSTOMER) _____ Customer Signature	_____ Date
Approved: _____ Authorized Representative	_____ Date	_____ Customer Name Printed	_____ Title