LETTER OF AUTHORIZATION (LOA)

BAYTEL NETWORKS

REQUEST FOR CUSTOMER SERVICE RECORD

FAX SERVICES

Thank you for choosing Baytel Networks as your Fax Service Provider. As you are aware, you may continue to use your existing telephone number with your new fax service plan. In order to transition your current telephone number, Baytel Networks through its underling service providers must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested your service and telephone number be transferred to another service provider. By filling in all the information requested below and signing and dating this letter, you provide Baytel Networks and its underlying service providers with the authorization to initiate the process of transferring your service and telephone number to Baytel Networks. You will then be able to use your old number with your new service. This letter also releases your current service provider from any liability for providing this information to Baytel Networks through its underling service providers.

Please ensure the following information is completed accurately to prevent possible delays.

COMPANY NAME: _____

NOTE THAT ALL TELEPHONE NUMBERS LISTED BELOW MUST BE ASSOCIATED WITH THE COMPANY NAME

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT SERVICE PROVIDER: _____

FINAL RESPORG ID FOR PORTED TELEPHONE NUMBERS: KSW01

TELEPHONE NUMBER TO PORT (to be transferred)	BILLING TELEPHONE NUMBER (required)	ESTIMATED PORT COST (to be determined)	REQUESTED PORT DATE (on or after)

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate Baytel Networks through its underling service providers to transfer my service from my current provider to Baytel Networks. By signing below, I also authorize Baytel Networks through its underlying service providers to transfer my current telephone number used to provide fax service to me. By signing below, I also authorize Baytel Networks through its underling service providers to obtain billing information, customer service records, and other network information required to provide me with new fax services. I understand that I may consult with Baytel Networks as to whether a fee will apply to the change.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

PLEASE BE SURE TO SIGN AND DATE THIS FORM

CONFIDENTIAL - ALL RIGHTS RESERVED

A bill copy may be **REQUIRED** to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. See your Sales Representative for further information.

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FAX SERVICES

PLEASE INCLUDE TELEPHONE NUMBERS BELOW THAT SHOULD BE INCLUDED WITH YOUR LETTER OF AUTHORIZATION.

TELEPHONE NUMBER TO PORT (to be transferred)	BILLING TELEPHONE NUMBER (required)	ESTIMATED PORT COST (to be determined)	REQUESTED PORT DATE (on or after)

PLEASE INITIAL THIS PAGE IN THE BOTTOM RIGHT CORNER AND INCLUDE WITH YOUR LETTER OF AUTHORIZATION