



**Letter of Agency Form – Local Service**

To Whom It May Concern:

I hereby authorize **PHONEWARE INC** and their underlying carrier **Saddleback Communications** to act as my (our) agent in all matters related to the local telephone number(s) listed below and to obtain and manage local telephone service for the company. This Letter of Authorization also authorizes the current carrier to release all LVAS/LIDB and WPL records associated with the numbers below. My signature below authorizes my request:

This LOA supersedes any previous Letter of Agency related to the following local number(s). Please port the numbers listed below to Saddleback Communications.

#	Local Telephone Number	Note / Use
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Customer Name: \_\_\_\_\_  
 (Please complete address info below for location where current services reside)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Account Number: \_\_\_\_\_ PIN: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ email: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_