



Letter of Agency Form – Toll Free 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 toll free telephone number(s) listed below and to obtain and manage toll free telephone service for the company. My signature below authorizes my request.

This LOA supersedes any previous Letter of Agency related to the following toll free number(s). Please port the toll free numbers listed below to Saddleback Communications. **New Resporg ID = JYT01.**

	Toll Free Numbers	Ring To Numbers	Service Area		
1.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
2.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
3.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
4.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
5.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
6.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
7.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
8.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
9.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada
10.			<input type="checkbox"/> In State Only	<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. & Canada

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: _____

Title: _____ Date: _____