Toll Free Service - Letter of Agency

transbeam
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Account Type	New ☐	Existing ☐	Acct#	Agent Code	Salesperson
Order Type	New ☐	Move ☐	Change ☐	Billing Only Change ☐	Date

CUSTOMER/ BILLIING INFORMATION	INSTALLATION SITE INFORMATION
Company/Name	Company/Name:
Billing Contact:	
Technical Contact:	On Site Contact
Tel. #: Fax#:	Tel. #: Fax#:
Email:	Email:
Billing Address	Installation Site Address
Rm/Suite/Floor	Rm/Suite/Floor
City:	City:
State: Zip:	State: **Zip**

Letter of Agency

The undersigned hereby authorizes Qwest Communicaitons Organization (Qwest) to act as the responsible organization for the following 8xx numbers:

SCAT	8xx Number	Current RESPORG	Current Resporg ID	Ring to Number	Toll Free Plan

Check one of the following statements:

_____The undersigned is acting as an authorized agent on behalf of a thrid party who controls the 8xx number(s) listed above. Please list the thrid party for which you are activn on behalf of: _____ (proof of Letter of Agency for telecommuniaitons, including but not limited to RespOrg is required.

_____The undersigned is not an agent for a third party. The undersigned represents and warrants that it is the exclusive end using subscriber of the 8xx number(s) listed herin and agrees to hold harmless and indemnify Transbeam Inc. form all liability and expenses for any breach of that representation and warranty.

Authorized Signature: Print name

Title: Date: