

## Letter of Authorization

### Phone Number Transfer Form

<b>Customer Billing Name</b>		<b>Date</b>	
<b>Customer Billing Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Customer Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

The signature below confirms my decision to change from my current carrier(s) to Voicecom Telecommunications, LLC (d/b/a Intelliverse™) for the individual service or services from Amerivision Communications, Inc., an Oklahoma corporation doing business as Affinity4 ("Affinity4"). I have designated by marking the boxes below. I understand that I may select only one primary intra-LATA long distance carrier, one primary local exchange carrier and one primary inter-LATA long distance carrier for any one telephone number. I further understand that there may be a charge for each provider change and there could be a charge in changing back to the previous primary carrier and that I may consult with my carrier as to whether a fee will apply. I am authorized to request changes on this account.

**Service Type:**  Local Exchange

I select Voicecom Telecommunications, LLC (d/b/a Intelliverse™) 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 -  Check here if used

Customer and the person(s) executing this Letter of Agency (LOA) appoint Voicecom Telecommunications, LLC (d/b/a Intelliverse™) and/or any other representative designated by Amerivision Communications, Inc. (d/b/a Affinity4):

- 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 Intelliverse.
- 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 LOA supersedes previous LOA agreements. This authorization is effective from the date written below until terminated or revoked by Customer in writing to Voicecom Telecommunications, LLC (d/b/a Intelliverse™). Customer acknowledges and agrees that services provided by Amerivision Communications, Inc. (d/b/a Affinity4) and its business associates are subject to additional legally binding terms and conditions including, without limitation, the agreement entitled, "Affinity4 Digital Phone Service Customer License Agreement and Terms of Service" which is available on-line at Affinity4 website.

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. This Letter shall be effective upon execution by Amerivision Communications, Inc. (d/b/a Affinity4).

<b>Customer's Signature</b>	Amerivision Communications, Inc.
<b>Customer's Name (Print or Type)</b>	By: _____
<b>Title (Type)</b>	Name/Title: _____
<b>Date</b>	Approval Date: _____

Notice: Please sign and date this form and fax it to **866- 210 - 3480**. Please remember to include a copy of your phone bill with the fax.