



Letter of Authorization for Toll Free Number and Responsible Organization Transfer of Carrier Services

The undersigned Customer hereby appoints VirtualPBX to act as its authorized agent for all matters pertaining to the toll free number(s) listed below. This agency includes without limitation, the ordering or rearrangement of service assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by VirtualPBX to implement the toll free services ordered under VirtualPBX (QAW01)

Company Billing Name: _____
(As it appears on customer's bill)

Company Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone #: _____

Print Name: _____ Title: _____
(Please **PRINT** clearly or the Request will be **REJECTED**)

Authorized Signature: _____ Date: _____

Toll Free Numbers for which RESP ORG functions are being transferred: (**Large Print Please**)

Old Responsible Organization

ID: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax #: _____

Email Address: _____

New Responsible Organization

ID: QAW01

Name: VirtualPBX

Address: 111 N. Market Street, Suite 1000

City/State/Zip: San Jose, CA 95113

Phone: 888.825.0800, Option 2 (Support)

Fax#: 888.998.3535

Email Address: porting@virtualpbx.com

Internal Use Only:

Date Submitted: _____ Date Submitted to Carrier: _____ Date Completed: _____