

## Letter of Agency (LOA)

This letter authorizes Documo to initiate a port request. All information <u>must be entered exactly</u> <u>as shown</u> on the customer service record (CSR) of the current carrier. In addition to completing this form, you will need to provide a copy of your latest bill/invoice.

, ,			
Account or Company Name:			
From The Customer Service Record (CSR) Use the Service Address, not the Billing Address (unless they are the same)			
Street w/ Number (Required for Toll Free #s):	City:	State/Province:	Zip/Postal Code:
<b>Current Carrier Information</b>			
Carrier Name:	Billing Telephone Number (BTN):		
Numbers to Be Ported: Separate with commas. For ranges, use a dash (i.e. 2163215000-2163215999). Please make a note below if you are attaching a separate list of numbers.			
This Letter of Agency ("LOA") hereby authorizes release of all customer proprietary network information ("CPNI"), as defined in 47 U.S.C. §222, to Documo LLC. Such CPNI shall include but not be limited to customer name and number, billing records, service records and network and equipment records for the purpose of providing telecommunications or information services. This LOA will become effective on signature date and will remain in effect unless revoked in writing prior to that date.			
<ol> <li>Parties acknowledge that [Your Company Nar U.S.C.§222.</li> </ol>		orietary network information ("CPNI") as	that term is defined in 47
[Your Company Name] authorizes Documo to to			
[Your Company Name]'s end user customers.			·
Parties acknowledge that pursuant to 47 C.F.I purpose of providing service without authoriza     [Your Company Name] agrees that it will not relecommunications or information services, a Agreement includes activities outside the scopany necessary written customer authorization     Documo agrees to take all reasonable steps to	tion from its customers. equire Documo to use, disclose s provided in 47 C.F.R. §64.20 se of those permitted in 47 C.F. for the use, disclosure or acce	e or access CPNI for any reason other th 05(a). To the extent that Documo's performant R. §64.2005(a), [Your Company Name] ss to CPNI prior to Documo's performant	nan for the provision of ormance of this will provide Documo with nee of those activities.
Authorized Signature:	Print Name:	Date:	
Please Note: For Toll Free numbers the signature	is visually compared to wha	t is on file and must match exactly	
	,,		

All fields must be completed. Any invalid or missing information will result in delays and/or rejected orders.