

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) Service Address:	City:	State/Province:	Zip/Postal Code:
Current Carrier Information			
Carrier Name:	Billing Telephone Number (BTN): Port-out PIN:		
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 to Documo LLC. Such CPNI shall include but not be limited to equipment records for the purpose of providing telecommunica and will remain in effect unless revoked in writing prior to that of the purpose of providing telecommunical and will remain in effect unless revoked in writing prior to that of the purpose of providing telecommunical provides acknowledge that [Your Company Name] has obtained to provide the purpose of the purpose of providing telecommunical provides the purpose of provides the purpose of provides the purpose of providing telecommunical provides the purpose of providing telecommunical provides the purpose of provides the	customer name and number, billing tions or information services. This Loate.	records, service records DA will become effective	and network and on signature date
U.S.C.§222. 2. [Your Company Name] authorizes Documo to use, discle	ose or access such CPNI as needed	for the provision of teleco	ommunications services
to [Your Company Name]'s end user customers. Such use	and disclosure includes, but is not lir	nited to, population of CN	IAM databases by third
party providers. 3. Parties acknowledge that pursuant to 47 C.F.R. §64.200 purpose of providing service without authorization from i		disclose, or permit acces	s to CPNI for the
4. [Your Company Name] agrees that it will not require Doc telecommunications or information services, as provided Agreement includes activities outside the scope of those any necessary written customer authorization for the use. 5. Documo agrees to take all reasonable steps to protect Company in the company of the co	tumo to use, disclose or access CPN in 47 C.F.R. §64.2005(a). To the expermitted in 47 C.F.R. §64.2005(a), e, disclosure or access to CPNI prior	tent that Documo's perfo [Your Company Name] v to Documo's performand	rmance of this vill provide Documo with ce of those activities.
Authorized Signature: Print N	lame:	Date:	
Please Note: For Toll Free numbers the signature is visually compared to what 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.