



Letter of Agency Form

Dear Customer:

Thank you for choosing IPacket Networks, LLC as your service provider. As you are aware, you may continue to use your existing telephone number with IPacket's VoIP phone service. In order to transition your current telephone number to IPacket's phone service, IPacket must work with your previous service provider to ensure that your service is uninterrupted and that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to IPacket. By filling in all the information required below, and signing/dating this form, you provide us with the authorization to initiate the process of transferring your telephone number over to IPacket. You will then be able to use your old number with your new IPacket service.

Please ensure the following information is completed accurately, which will help prevent possible delays.

Customer Name: _____ Property: _____

(All telephone numbers listed below must be associated with the Customer Name)

Service Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Current Service Provider: _____

Telephone Number(s)	Unit Number(s)

NOTE: IT CAN TAKE UP TO 2-3 WEEKS FOR YOUR CURRENT SERVICE PROVIDER TO RELEASE YOUR PHONE NUMBER TO IPACKET.

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate IPacket Networks, LLC, or its designated agent, to transfer my service from my current provider to IPacket Networks, LLC. By signing below, I also authorize IPacket Networks, LLC, or its designated agent, to transfer my current telephone number used to provide service so that IPacket Networks, LLC may provide its service to me. By signing below, I also authorize IPacket Networks, LLC, or its designated agent, to obtain billing information, customer service records and other network information required to provide me with IPacket Networks, LLC service. I understand that I may consult with IPacket Networks, LLC as to whether a fee will apply to the change.

Print Name: _____ Date: _____

Signature: _____

A copy of your most recent bill is REQUIRED to provide proof of ownership of the number(s). Please email, fax or mail this completed form and copy of your bill to IPacket at the contact methods below:

Address: IPacket Networks LLC

Email: Billing@IPacketNet.com

Phone: 850-588-1112

Attn: Billing

Fax: 214-666-3931

1130 E. Arapaho Rd. Suite 565

Richardson, TX 75081

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