



LETTER OF AUTHORIZATION

SITE INFORMATION

Local Service
 Long Distance
 Toll Free

Company/Name:
 Current Service Provider:

Site Administrator:

Administrator Phone:
 Administrator Cel:
 Email:

Service Address:
 City, State, Zip:

Enter Phone Numbers or NEW if APTECH will be assigning new numbers	PORT THIS NUMBER(s)	ROLL OVER ORDER	INTERNET PROVIDER	INTERNET TYPE DOWNLOAD & UPLOAD SPEEDS	Web Hosting	Detail Main Number, Fax, Number to Point 1800, Voicemail, etc.
<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Port Number	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Port Number	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
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The undersigned appoints APTECH to be its primary telephone provider, APTECH will provide Local, U.S. and International Long Distance. It is understood that this authorization will result in a change of the Customer existing Service Provider and that APTECH is authorized to act as the customer's agent to implement the carrier change. Customer further authorize APTECH and any other LEC to remove any PIC freezes that maybe on customer lines. If toll-free service is requested customer, the undersigned also appoints APTECH as Customer Agent with authority to select a responsible organization for the management and administration of toll free database records of customer. All services mentioned are with respect to toll free and other phone numbers listed above. Cancellation of this Authorization must be made by written notice.

Remarks:

Print Name:
 Title:

Authorized Customer Signature:
 Date: