Letter of Agency for Preferred Carrier Change Blanket Approval

Customer Billing Name		Date		
Customer Billing Address	City	State	ZIP Code	
Customer Street Address	City	State	ZIP Code	
Name of Individual Authorized To Act for	Title	Phone Number of Individual Authorized		
Customer		To Act for Customer		

By its execution below, Customer confirms its decision to change from its current carrier(s) to MCI Communications Services, Inc. d/b/a Verizon Business Services ("Verizon") for the individual service or services designated by the marked boxes below. For any telephone number, Customer understands that only one carrier may be designated as its Local Service provider, one as its intraLATA primary interexchange carrier, and one as its interLATA carrier, though the same carrier can be designated for all or each of these services.

By its execution below, Customer agrees that this signed Letter of Agency blanket approval may be copied and submitted with the attached BTN Selection Form by Customer's authorized employees for one year after the date this Letter of Agency is signed by Customer. Each BTN Selection Form submitted to Verizon is deemed a part of this Letter of Agency.

Customer understands that its local exchange carrier may impose a per line charge for implementing the changes identified herein. If Customer later wishes to select another telephone company, it may be required to pay a reconnection charge to that company.

Customer appoints Verizon to:

- (a) Act as Customer's agent in order to effectuate the preferred carrier change, including the collection of account information, such as the retrieval of the Customer Service Record (CSR) from Customer's current Local Services Provider if Local Services, Voice over IP (VoIP) Service and/or VoIP Inbound Local Origination is selected, and to carry out the changes(s) authorized herein on Customer's behalf.
- (b) Order 1+ access with the local telephone company for lines associated with the BTNs listed above and designated on this form or its attachments.
- (c) Handle all negotiations for service requests with the local telephone company, interconnecting company and any other equipment supplier, including access service requests (ASRs), requests involving equipment records, billing inquiries, and the issuance of orders related to Customer's BTNS listed above and associated telephone numbers.

This Letter of Agency is in addition to any other agency agreements currently in effect and does not preclude Customer from acting on its behalf when deemed necessary. This agency designation supersedes previous agency agreements with respect to the services identified herein.

Customer understands and accepts the terms and conditions of this Letter of Agency. Communications services provided as a result hereof will be governed by Verizon state and federal tariffs and Verizon's Service Publication and Price Guide, as applicable. Customer's representative signing this Letter of Agency is duly authorized to act on Customer's behalf and bind Customer to this agency agreement.

ELECTRONIC SIGNATURE. Customer may sign this Letter of Agency by emailing it to Verizon, in accordance with Verizon's instructions and the *Electronic Signatures in Global and National Commerce Act*, as it may be amended from time-to-time (the "E-Sign Act"). Customer agrees that any Services provided hereunder may not be used primarily for personal, family, or household purposes.

Signature of individual authorized to act on behalf of Customer:	Name (printed or typed):
Title:	Date:

BTN Selection Form

This BTN Selection Form is hereby incorporated into and made a part of the attached Letter of Agency for Preferred Carrier Change Blanket Approval.

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Customer Billing Address Customer Street Address Name of Individual Authorized To Act for Customer		City City Title		State	ZIP Code
				State	ZIP Code
				Phone Number of Individual Authorized To Act for Customer	
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Use separate page for additi	onal BTNs. □ Check here	if used.			
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Use separate page for additi	onal BTNs.	if used.			
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Use separate page for additi	onal BTNs. Check here	if used.	ı		

·	I Origination for each of the billed telephone numbers (BTNs) ated by Customer and listed in Verizon's order entry and
Use separate page for additional BTNs. Check here if use	ed.
	IP) Service for each of the billed telephone numbers (BTNs) ated by Customer and listed in Verizon's order entry and
Use separate page for additional BTNs. ☐ Check here if use	ed.
Signature of individual submitting this BTN Selection Form:	Name (printed or typed):
Title:	Date: