

Letter of Authorization



Twin City VoIP DBA:Minnesota VoIP
 9217 17th Ave S
 Suite 216
 Bloomington, MN 55425
 Phone: 612-355-7740
 Fax: 952-873-7425
<http://www.mnvoip.com>

Customer Name: _____

Address: _____

Number Street

please specify suite, room and/or building

City State Zip

This letter authorizes Minnesota VoIP to act as our communications representative and/or agent and represent the above-mentioned customer to obtain information and/or copies of all of our network services. We also authorize Minnesota VoIP to issue orders for disconnection, reconnection, reconfiguration and installation of services authorized below:

- Inbound 800/888/877 Service
- Outbound Long Distance Service
- Local Service

AUTHORITY TO RELEASE CUSTOMER SERVICE RECORDS

Provider/s: _____ is/are hereby authorized to release pertinent information to Minnesota VoIP and for following Minnesota VoIP's instructions with respect to any changes to or maintenance of the undersigned's telecommunications service(s). You are requested to release to Minnesota VoIP any customer proprietary network information concerning the undersigned's services as may be required by Minnesota VoIP in connection with its furnishing of services to the undersigned. You may deal directly with Minnesota VoIP on all matters pertaining to our telecommunications service(s) and you should follow Minnesota VoIP's instructions with respect thereto. This authorization will remain in effect until modified or rescinded in writing by the undersigned.

AUTHORITY TO RELEASE CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)

The undersigned hereby designates _____ (Agent) as its authorized telecommunications representative(s) and agent to act on its behalf in the procurement and maintenance of its network telecommunication services. Minnesota VoIP is hereby authorized and requested to provide all information requested by Agent as it pertains to call detail records, contracts, configuration and service information. This authorization will remain in effect until modified or rescinded in writing by the undersigned.

CHANGE IN SERVICE PROVIDER

This letter authorizes Minnesota VoIP to act as our agent for purposes of ordering changes in and/or maintenance on our telecommunications and related services. This authorization includes, without limitation, the removal, installation, addition to, or rearrangement of our local access services, as well as equipment interconnected to our telecommunications service (s).

Current Provider _____

TN's Converting to Minnesota VoIP

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Toll Free Numbers:

Toll Free Number	Rings into	800 Serving Area	Restrictions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authorization shall remain in effect until canceled via written authorization by the above-listed company. This Letter of Authorization rescinds all other Letters of Authorization previously entered into by the above-listed company. This letter also authorizes the use of a facsimile copy to be used as a valid and binding authorization.

Customer Authorized Representative (Print name)	Date
Signature	
Title	