



Letter of Authorization for 800/866/877/888 Number and Responsible Organization (RESP ORG) Transfer

The undersigned Customer hereby appoints "Uni-Tel Communications Group"(UZL01) to act as its authorized agent for all matters pertaining to the toll-free number(s) listed below. This agency includes, without limitation, the ordering or rearrangement of service assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by Uni-Tel Communications to implement the toll free services ordered from Uni-Tel Communications.

800/866/877/888 number(s):

Ring to number(s):

Uni-Tel Account No.: _____

CURRENT RESP ORG/I.D. _____

HOLDER NAME: _____

SOCIAL SECURITY NUMBER/ FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MAIN TELEPHONE NUMBER: _____

AUTHORIZED SIGNATURE: _____

SIGNATORY NAME (printed): _____

TITLE: _____

DATE: _____

OPTIONS:

DIRECTORY ASSISTANCE

YES* _____

NO _____

* 800 DIRECTORY ASSISTANCE FORM REQUIRED - ALLOW 2 WEEKS FOR ACTIVATION AFTER RESPORG HAS BEEN CHANGED.

Phone-800-499-5912
Fax-800-499-9581

Cognigen agent ID: **digest**

Date: _____

Fax To: **1-800-331-4638**