



•Letter of Authorization for Telephone Number Porting

Customer Name: _____

This Letter of Agency authorizes Webformix Company to act as our Communications Representative and Agent. We authorize Webformix Company, and its communications partner BendTel, Inc. to obtain information and/or copies of all our network services, configurations, features, and listings. and to order and manage all negotiations for the installation of telecommunications service for the below listed address and telephone number(s). This authorization shall remain in effect until canceled by us in writing. This Letter of Agency rescinds all other Letters of Agency previously in force.

I hereby agree to notify Webformix in writing of any change of address by completing a new 911 Address Form. I understand that I must do this in order for Webformix to associate my address with this phone number. **Initial** _____

Information from your account with your previous telephone provider:

Check a recent bill to make sure the information in this section matches exactly!

Customer Name: _____ (as the previous provider has it listed)

Previous Billing address: _____ (This should exactly match)

City/State/Zip _____ (your previous provider's listed address)

Telephone numbers to port in (____) - ____ - _____ // (____) - ____ - _____
(____) - ____ - _____ // (____) - ____ - _____ // (____) - ____ - _____

Enhanced 911 Address Information for new service with Webformix:

This is the location emergency services will be dispatched to when you dial 911

Same as above "previous billing address" (or fill out below)

Customer Physical Address: _____ (For Enhanced 911 purposes)

City/State/ZIP: _____ (Not for billing or mailing purposes)

GPS Coordinates: _____ W _____ N (For rural customers that know them)

I hereby agree that 911 services are provided on a "best effort" basis. I understand that Internet based phone service is subject to outages that may not affect wired phone users. I understand that 911 service may not be available in the event of a power outage or network failure. I agree to indemnify and hold harmless Webformix Company and any of its subcontractors in the event that 911 service is unavailable for any reason. **Initial** _____

Print name

Signature

Date

Please email this letter to billing@webformix.com, or fax it to (541) 385-8643

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