Letter of Agency to Change Service Provider

Customer Billing Name:* _____

Customer Billing Street Address:* _____

Customer City, State, Zip Code:* _____

Billing Telephone Number (BTN):* _____

CSR (Customer Service Record): _____

* All fields are required. **The name you enter above must be the name the phone number is officially under with your current provider (your name, spouse's name, business name, etc)**. Please note that abilling street address and current provider's bill copy is required for all porting requests (**No PO Box Addresses**). The bill copy has to be within 30 days. Please do not submit any service change orders on your current phone numbers to your current provider during the LNP process.

Only one service provider may be designated as my presubscribed carrier for each telephone number listedbelow.

____By initialing here and signing below, I am authorizing CallMyWay NY S.A. to become my new service provider in place of_____*[current local service provider]* for IP based telephony services. I authorize CallMyWay to act as my agent to make this change happen, and direct _____ *[current local service provider]* to work with CallMyWay to make the change.

____By initialing here and signing below, I acknowledge that I was told by CallMyWay that the service doesNOT support traditional 911, E911 or any other form of quick dial access to emergency services.

____By initialing here and signing below, I acknowledge that any services associated with my current carriers including internet access and security systems will NOT be supported.

Telephone Number(s) to be changed:

____Initial here if attaching a list of additional numbers to be changed. Please note that if you are porting numbers from multiple providers or sets of numbers with different BTNs, please include them in the attachedlist.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am legally authorized to change the telephone service providers for services to thetelephone numbers listed above. **I understand and agree that I may be subject to a one-time charge per line for each change in provider. I may consult with the carrier as to whether the charge will apply.** Ifl later wish to return to my current provider, I may be required to pay a reconnection charge to that company.I also understand that my new service provider may have different calling areas, rates and charges than my current provider, and that by signing below I indicate that I understand those differences, (if any) and am willing to be billed accordingly.

_____ _____ _____

Print Name Signature Date

I understand that my signature of this document will result in the change of my telephone service asdescribed above.