

Responsible Organization Change Form

RespOrg ID: AUA47

Toll Free Number (s)	

CUSTOMER INFORMATION:

Customer Name (*exactly as it appears on your current bill*): _____

Billing Address (*exactly as it appears on your current bill*) : _____

City _____ State/Province _____ Zip Code _____

Contact Name _____ Contact Number _____

**To insure the proper and timely transfer of the listed toll free number(s) from your current provider, please include a copy of the billing page as well as a copy of the page(s) showing the toll free number(s) to be transferred.*

Current Provider _____

LETTER OF AGENCY

As the end user subscriber or the agent for the end user subscriber of this (these) toll free number(s), I hereby authorize CallMyWay, RespOrg ID AUA47 to become the responsible organization for the following toll free number(s) and to act on my behalf to transfer responsible organization functions to RespOrg ID AUA47.

I attest under penalty of law, as an employee or an authorized agent of the company / individual named above, that said company / individual is the exclusive end user subscriber of the Toll Free number(s) listed above and that said company assumes all liability for the misappropriation of traffic of any end user subscriber with regard to the Toll Free number(s) listed. I also understand that this request for a responsible organization change to RespOrg ID AUA47 does not constitute any order for disconnect of service with my existing carrier(s). I continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my toll free service after RespOrg ID AUA47 has been designated my responsible organization for the toll free number(s) listed above.

Authorizer's Name (please print)

Title _____

Authorized Signature Date _____