



Letter of Authorization for Toll-Free Number Portability

One form is required for each carrier port request.

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll-Free service numbers, I authorize Inteliquent (Entity LQ) to be the Responsible Organization ("Resp Org") for the following Toll-Free service numbers, including acting on my behalf, and at my direction, to transfer the Resp Org functions to:

Customer Information (As it appears on the Customers Bill)

Business Name (End User Name): _____

Service Address/Suite: _____

City, State, Zip: _____

Current Carrier Information

Current Service Provider: _____

New Carrier Resp Org ID: LQX01

Account Number: _____

Account PIN Number: _____
(required for most carriers)

Toll-Free Telephone Numbers for Porting:

Enter the Toll-Free number(s) or range of numbers to be ported below. Indicate if the number is to be used for Fax.

<u>Number</u>	<u>Fax</u>	<u>Number</u>	<u>Fax</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the Toll-Free service numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriated) of traffic of any other end-user subscriber with regards to the Toll-Free service numbers listed. In addition, I understand that this request for a Resp Org change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my Toll-Free service after designating the above as my Resp Org for the Toll-Free numbers listed above.

Print Legibly (Authorized Name on Act)

Signature (Authorized Signature)

Date (Authorized Date)