

CLASSOUND LETTER OF AUTHORIZATION

Dear Customer:

Thank you for choosing CLASSOUND as your service provider. As you are aware, you may continue to use your existing telephone number with CLASSOUND VOIP service. In order to transition your current telephone number to CLASSOUND VoIP service, CLASSOUND must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to CLASSOUND VoIP Services. You will then be able to use your old number with your new CLASSOUND service.

Please ensure the following information is completed accurately which will help prevent possible delays.

END USER/CUSTOMER DETAILS (all fields with an asterisk (*) are required):

Residential or Business*:

Name (Company or Individual)*:

(Note that all TN's listed below must be associated with this Company Name)

Street Address (Service Address) *:

(Local US address needed)

City *:

State *:

ZIP *:

Current Service Provider *:

Current Account number *:

Type of Traffic (ex. voice, fax, calling cards):

Forecasts (in minutes):

NUMBER(S) REQUESTING TO PORT:

Number(s) / Number Ranges to port (additional numbers to be listed in a separate page)	BTN for all ported numbers (Billing Telephone Number)	PIN CODE *mandatory for wireless or mobile numbers	Requested Port Date (Not binding)

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below I designate CLASSOUND or its designated agent to transfer my service from my current provider to CLASSOUND. By signing below I also authorize CLASSOUND or its designated agent to transfer my current telephone number used to provide service so that CLASSOUND may provide its service to me. By signing below, I also authorize CLASSOUND or its designated agent to obtain billing information, customer service records and other network information required to provide me with CLASSOUND service. I understand that I may consult with CLASSOUND as to whether a fee will apply to the change.

Print Name*:

Date*:

Signature*:

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. See your Sales Representative for further information.