

## LETTER OF AUTHORIZATION

**TO WHOM IT MAY CONCERN:** This is to notify you that until further written notice, we have selected CLASSOUND, as our primary telecommunications provided for Local Services. Please release these numbers for Local Portability.

**Current provider details** (all fields are **mandatory**):

Name of current provider:

Address:

City:

State:

Post code:

**Customer details** (all fields are **mandatory**):

Name of customer:

VAT number:

Address:

City:

State:

Post code:

This authorization applies to the following numbers:

Include all associated lines: Yes / No

I am also authorizing CLASSOUND to obtain copies of our current customer service records and equipment listings.

Should you have questions or concerns, please contact me at the number listed below.

Thank you for your prompt attention to this matter.

Yours truly,

\_\_\_\_\_ Authorized Representative (Signature)\*

\_\_\_\_\_ Authorized Representative (Hand written name)\*

\_\_\_\_\_ Date\*

\_\_\_\_\_ Place\*

\_\_\_\_\_ Company Name (when applicable)\*

\_\_\_\_\_ Company Telephone Number\*

**\*Mandatory**