Letter of Authorization

Company Name:

This Letter of Agency authorizes BaronTEL to act as our Communications Representative and Agent. I / We authorize BaronTEL to obtain information and / or copies of all our network services, configurations, features, and listings and, to order and manage all negotiations for the installation of telecommunications service for the below listed address and telephone number(s). This authorization shall remain in effect until canceled by us in writing. This Letter of Agency rescinds all other Letters of Agency previously in force.

I hereby agree to notify BaronTEL in writing of any change of address by completing a new 911 Address Form. I understand that I must do this in order for BaronTEL to associate my address with this phone number.

I have the power to Bind the Company ☐ **(check box must be checked!)**

List the Telephone numbers to port to BaronTEL in the box below (enter digits only please) :

DELETE the following ROLL-OVER PHONE NUMBERS:

Date:

Signature

Printed Name:

Title:

Information from your account with your current provider

Check a recent bill to make sure the information in this section matches EXACTLY!

Current Telephone Provider Name:

Account Number:

Customer Name:
(as your current provider has it listed)

Billing Address:
(This should exactly match)

City / Province / Postal Code:
(your current provider's listed address)

SITE Address

Street Address (including floor / suite):

City:

Province:

Postal Code: