LETTER OF AGENCY

Through the signature below, _____ ("Customer"or"We") verifies that it is authorizing VoxLine Networks ("VoxLine Networks") to become its new primary Agent for the provisioning of Voice and Data services. We authorize VoxLine Networks to act as our agent to effectuate this change, and direct our current primary local service Providers, as well as our current long distance and data services Providers, _____, ("Providers") to work with VoxLine Networks and VoxLine Networks's selected Service Providers to accomplish the change. We authorize VoxLine Networks or an affiliated party, to deal directly with our current primary Providers to arrange for the following, at VoxLine Networks's discretion: (1) porting of our existing local phone and/or toll free numbers to authorized Service Providers, designated by VoxLine Networks, to act as our new primary service Providers; and (2) call forwarding of our existing local phone numbers to VoxLine Networks's new primary service Providers; and (3) discontinue service and/or cancel accounts as necessary with our current providers.

We authorize VoxLine Networks to coordinate and effectuate change to the following services:

☐ Local ☐ Domestic Long Distance ☐ International Long Distance

☐ Internet ☐ Toll Free Services

To our telephone number(s) listed below (please include area codes):

I certify that I am an authorized representative of the Company, and that I have read and understand this letter of agency and that I am authorized to change service providers for services to the telephone numbers listed above. I am further authorizing VoxLine Networks to do a credit investigation on the Company and hold free from liability all creditors and other persons who may respond to credit inquiries. I also understand that VoxLine Networks provides services as an extension of underlying and regulated Local Service Providers, across their data network.

_____
Authorized By Date

_____
Company/ Name (as appears on local telephone bill)

_____
Print Name, Title

_____
Address as appears on telephone bill

_____
Federal ID/ Social Security Number

_____
Corporation, LLC, Partnership / DBA if applicable