



## Letter of Authorization

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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

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


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Signature

Printed Name:

Title:

Information from your account with your previous telephone provider:

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

Current Telephone Provider Name:

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

Billing address:  
(This should exactly match)

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

## **SITE Address**

Street Address (including floor/suite): \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_