



Kall8 Account # _____

Letter of Authorization (LOA)
for
Toll Free RESPORG

This form is to be completed by the person authorized on the account and emailed to the Account Manager or Project Manager. Your current provider requires this Letter of Authorization as proof that you have requested and authorized to have your Toll-Free number transferred to another provider. By submitting this form, you authorize us to initiate the process of transferring your Toll-Free number to International Telecom LLC. (IWL01).

Toll Free RESPORG

Important: To prevent any delays in your order, please fill out the information below as it appears on your bill with your current Toll-Free Service Provider, otherwise the order will be rejected when the port is attempted.

Customer Information

Billing Name:		Service Street Address:	
City:	State:	ZIP:	

Toll Free Service Information

Please list each toll-free number to be ported, directory listing, and indicate whether toll free calls are allowed from Canada, Caribbean, and Payphones. Also identify if you wish to have the toll-free number text enabled. * (Text enabled Toll-Free numbers will be invoiced an additional \$5.00 per month plus \$0.02 per message)

Toll Free Number to Port	Ring to Number	Text Enabled

I hereby authorize International Telecom LLC. to act as my Toll-Free Service "Responsible Organization" (RESPORG) for the Toll-Free number(s) listed below. The RESPORG is the sole responsible organization, designated by the subscriber, for the overall coordination to provision, maintain, and test the toll free national data base service between the various entities involved in the provisioning of the toll-free service. Adherence to the responsibilities outlined in this agreement will ensure proper coordination and successful completion of my toll-free calls. I certify that I am at least eighteen years of age and that I have read and understand this Letter of Authorization and that I am authorized to change telephone companies for services to the Subscriber listed below:

Signature

Authorized Party (Print Name):	Date:
Signature:	Title:



200 W Mercer St, Ste E202
Seattle WA 98119
Email: service@kall8.com
Phone: 206-479-2600 or 866-222-1818
FAX: 206-479-2616 or 800-760-4583

KALL8 Service Application

Contact Person _____ Company Name _____

Mailing Address: _____
Street Apt #

_____ City State Zip

Billing Address: _____
(Credit Card Billing Address – If Different) Street Apt #

_____ City State Zip

Billing Phone # _____ Estimated Monthly Usage _____

E-mail Address: _____

Password: A four digit number for online access to your account. Can not begin with 0. ____ _ _ _

Type of Account: Residential ____ Business ____

Toll free number(s) desired:

1. _____ How was this number obtained?*

2. _____ How was this number obtained?*

3. _____ How was this number obtained?*

A) *If you acquired the number through the National Database Search (NDS), please list the email address where you had your search results sent: _____

B) *If you need more than three Kall8 numbers, please list them on a separate paper and attach it to this application.

Who referred you to KALL8?

Referring account number: _____ or Referring KALL8 number _____ - _____ - _____

Please direct my Kall 8 Toll Free Number(s) to the following number(s):

1). Country Code _____ Area Code _____ Phone Number _____

2). Country Code _____ Area Code _____ Phone Number _____

3). Country Code _____ Area Code _____ Phone Number _____

Credit Card Information:

American Express ___ VISA ___ MasterCard ___ Diners Club ___ Discover ___

Card No. _____ Expiration Date ____/____/____

Issuing Bank _____

Name (as it appears on the credit card) _____

Authorization: I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance, and the account may be suspended or cancelled pending payment.

Cardholder Signature _____ Date ____/____/____

Alternate Credit Card Information (for use when primary card declines):

American Express ___ VISA ___ MasterCard ___ Diners Club ___ Discover ___

Card No. _____ Expiration Date ____/____/____

Issuing Bank _____

Name (as it appears on the credit card) _____

Authorization: I authorize Kall8 to charge the amount of my Kall8 bill to this credit card, and all credit cards that are added to the account in the future (including web site updates and telephone updates with customer service). I understand that my credit card will be charged immediately for any current usage or amount due on the account. This authorization is to remain in effect until Kall8 receives written notification to cancel this authority. If my credit card should decline, I agree that I am responsible for the unpaid balance and the account may be suspended or cancelled pending payment.

Cardholder Signature _____ Date ____/____/____

CREDIT LIMIT: All accounts are assigned an initial monthly credit limit of \$100 unless this section is completed.

This credit limit is used for Kall8 internal controls only and in no way limits the amount that can be charged to a credit card or billed to a Customer. This confirms my (our) authorization to increase the credit limit to \$500. (If you would like to specify an amount other than the standard \$500, please enter amount here: \$ _____.) Kall8 accounts are charged for un-invoiced usage on a weekly or monthly basis depending on the billing cycle set for each individual account.

Signature _____ Date ____/____/____

Terms and Conditions of Kall8 Service

My signature below confirms my agreement to the Terms and Conditions as stated at www.kall8.com/terms and I represent that I have read and understood those terms and conditions. If I do not have access to the website I will request Kall8 to fax or mail me a copy of those Terms and Conditions before I sign this Application. This order is for a minimum 12 month period and a \$199 per number early cancellation fee will apply if I request to port a Kall8 number to another carrier within the initial 12 month term of service for that particular number unless such number belonged to the Customers prior to service with Kall8. (This fee is higher for certain shared vanity numbers as set forth on the Kall8 website). Kall8 will not be liable for any claim that arises out of its acting as a Responsible Organization or where the toll-free service is not available after Kall8's acceptance of this order, or where I am provided with a number or numbers other than one(s) committed by Kall8. It is my responsibility to check the Kall8 numbers to make sure they are assigned to my account and they route to the proper ring-to numbers before advertising such numbers. Under no circumstances shall Kall8 be responsible for consequential, indirect, or special damages, (lost profits, marketing costs or otherwise) that result from interruptions of services, outages or inability to use services, and Kall8's sole liability shall be to provide credit equal to the charges for the affected calls/services. In addition, Kall8 shall not be liable for any accounts disconnected for non-payment.

Please Print Name & Title _____

Authorized Signature _____ Date ____/____/____