



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: