



**(Allows you to keep your current 800/888/877 number(s) )**

**To Local and Long Distance Representatives:**

The undersigned has selected Broadview Networks to act as Service Provider for the 800/888/877 numbers identified below and on any addendum attached to this letter, and has authorized Broadview Networks to act as agent for the undersigned for the purpose of taking such actions as may be required on behalf of the undersigned to implement this selection. The undersigned releases from liability any person to whom this letter is provided for actions taken in accordance with the foregoing. This form is only for use in connection with a Service Provider change and is not by itself intended nor shall it be construed as authorization to disconnect any 800/888/877 service.

Current Toll Free Numbers	Terminating Number	Current Toll Free Provider	Blocking Information

Customer (Subscriber) Billing Name: (as it appears on phone bill)

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Services ordered hereunder are subject to credit approval. The signature below authorizes Broadview Networks to contact the credit references listed above, to obtain credit reports through credit bureaus and to undertake such investigation as shall be reasonably necessary to verify my/our credit history.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_