



# Letter of Authorization

Company \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Telephone Number(s) (Include Area Code) and all related numbers at those locations.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

1. I certify that I am at least 18 years of age, I am the customer or I am authorized by the customer to order service(s) for the number(s) listed on this form.
2. I am authorizing MetTel to act as my agent to obtain Customer Service Records/Customer Service Information for all services associated with the numbers listed on this form.
3. I understand that only one local phone company, one regional carrier and one long distance carrier can be designated for each telephone number.
4. This Letter of Authorization shall continue for a period of 90 days from the date signed below.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Name (please print)**

\_\_\_\_\_  
**Sales / Agent ID**