

# Toll Free RESP ORG LOA

The undersigned Toll Free number holder ("the Holder") does hereby appoint Metropolitan Telecommunications, Inc. d.b.a. MetTel as the Responsible Organization for Toll Free numbers:

Toll Free Number(s) \_\_\_\_\_ Rings to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CONTACT PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 NO. OF LINES \_\_\_\_\_

**The signature below confirms the following:**

1. I am authorized to order service for the number(s) listed on this form.
2. My signature authorizes MetTel to act as my agent and is authorized to obtain billing information, customer service records and other network information.
3. I understand that only one local phone company, one regional carrier and one long distance carrier can be designated for each number listed.
4. I am authorizing MetTel to act as my service provider for the number(s) listed above and any numbers associated to those number(s)
5. I, the signatory, am not an agent for any third party and represent that I am the exclusive end-user subscriber of all telephone numbers as listed.
6. I am authorizing MetTel to preclude any future change to my service without my express authorization.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
 SIGNATURE PRINTED \_\_\_\_\_ DATE \_\_\_\_\_

LEAVE BLANK FOR OFFICE USE ONLY

CURRENT RESP ORG/ID \_\_\_\_\_  
 RESP ORG NAME \_\_\_\_\_

NEW RESP ORG ID      MET 01-MetTel  
 RESP ORG CONTACT    Caitlin Chapman  
 TELEPHONE            212-359-5329 ☐☐  
 FAX                     801-363-2182