



LETTER OF AGENCY (LOA)

This is to advise you that we have retained the services of Astro Telecommunications as our communications representative until further notice.

(Check all boxes to authorize Astro Telecommunications LLC to be you Agent for the selection/service)

- I / We authorize our current telecommunication carriers to provide Astro Telecommunications with copies of all network service and equipment records.
- I / We authorize our current telecommunication carriers to provide Astro Telecommunications with copies of all billing records.
- I / We authorize T Astro Telecommunications to order and handle negotiations for the installation of network and/or data services and equipment and coordinate the installation of our telecommunications system.
- I / We authorize Astro Telecommunications to switch my toll free or local service for the numbers listed below. I understand this authorization changes my toll free or local carrier.

(____) ____-____; (____) ____-____ (____) ____-____

(____) ____-____; (____) ____-____ (____) ____-____

(____) ____-____; (____) ____-____ (____) ____-____

(____) ____-____; (____) ____-____ (____) ____-____

(Customer may attach a spread sheet)

- I / We authorize Astro Telecommunications and or its selected agent as our Responsible Organization for toll free service on the numbers listed above.
- I / We authorize Astro Telecommunications to act on our behalf in making any changes deemed necessary to our long distance or our local service.

The authorization shall remain in effect until canceled by us in writing. It does not preclude our ability to act in our own behalf when we deem it necessary.

_____ CUSTOMER NAME	_____ AUTHORIZED CUSTOMER SIGNATURE
_____ STREET ADDRESS	_____ PRINTED NAME
_____ CITY STATE ZIP	_____ TITLE
_____ BILLING TELEPHONE #	_____ DATE