



A- LOA-2

**Letter Of Agency - Authorization To Change Service Provider**

On behalf of the undersigned, I hereby authorize Morse Communications, Inc. to change my telecommunications provider for local, intrastate, intraLATA long distance, interstate, interLATA and international long distance services to Morse Communications, Inc., for each of the telephone numbers listed below, from my current telecommunications carrier: \_\_\_\_\_ (print customer's current local telephone company)

I represent that I am at least eighteen years of age. I also represent that I am the party identified in the account records of my local telephone company as responsible for payment or that I have the authority to change telecommunications carriers for each of the telephone numbers identified herein. I understand that I have the right to obtain telecommunications services individually. I also understand that I may designate only one local exchange carrier, one intraLATA carrier, and one interLATA carrier per telephone number. I also understand that by executing this document that undersigned's preferred carrier for the specified services will be changed, but only for those numbers set forth below. I understand that the monthly rate plan does not include taxes or applicable regulatory fees. I choose Morse Communications, Inc. to act as my agent in order to effectuate the change(s) and authorize Morse Communications, Inc. to handle on my behalf all arrangements, including ordering, changing, and/or maintaining my service, with my local telephone company(s), interexchange carriers, joint user group(s), equipment vendor(s) and consultant(s). In addition, I authorize Morse Communications, Inc. to issue all necessary instructions to the foregoing for the purpose of fulfilling its agency on my behalf. This agreement will remain in effect until revoked in writing by the undersigned. I understand that I may consult Morse Communications, Inc. as to whether a fee applies to change from the undersigned's current telecommunications carrier(s) to Morse Communications, Inc.

**Billing Telephone Number(s)**


**Authorized by**

Signature	
Date	
Printed Name	
Title	
Company Name	
Address	
Email	

**Additional Information**

Contact Person	
Contact Phone	
Contact Email	
Main Billing Telephone	
Outgoing Caller ID (15 character maximum)	
Directory Listing 411	
911 Address	

**Please Provide/Clarify**

- Copy of your Customer Service Record (CSR) from current Carrier.
- Copy of your current phone bill.
- If all telephone lines are on one carrier bill (if not please identify what telephone lines/numbers are related to each bill).
- If you are porting all telephone numbers provided to MORSECOM (if not we need to identify a single telephone number will stay on the account as the new billing telephone number for your account to remain open).
- That the Address listed on this form is the Service Address of the phone lines/numbers we are porting.