

1.	Customer Name	(vour name should	l appear exacti	v as it does on	your telephone bill):

First Name		Last Name						
Business Name (if the servi	Business Name (if the service is in your company's name)							
Service Address on file with your current carrier (Please note, this must be a physical location and can not be a PO Box):								
Address								
City	State/Provin	се	Zip/Postal Code					
3. List all the Telephone Number(s) which you authorize to change from your current phone service provider to Twilio Inc. Phone Number* Service Provider								
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*If you have more than 4 numbers,	, please list on an e	extra page						
By signing the below, I verify that I am, or represent (for a business), the above-named service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I authorize Learner Park Media or its designated agent to act on my behalf and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information Learner Park Media deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history.								

Print

Date

Authorized Signature