

## Toll Free RESPORG Authorization

**Customer Information: All fields required**

Company Name:

Company Address:

City/State/Zip:

Company Phone (BTN):

Contact Name:

Contact Phone:

Current Resporg (if known):

Resporg Type:

- ☐ Change RESPORG to: JYT01
- ☐ New TFN (8xx)

### TFN Line List:

List all Toll Free Numbers to be ported.

- ☐ Separate form attached for additional numbers

### Customer Authorization

The undersigned customer ("Customer") hereby appoints RESELLER ("KRISKORENET") to act as its authorized agent for all matters pertaining to the 8YY services listed above. This agency includes, the ordering of rearrangement of services, assignment to primary carrier services requests, disconnection of service and other requests as deemed necessary by RESELLER to implement the 8YY services ordered from RESELLER and itemized on Customer's Service Order Form(s) and associated attachments. This authorization will expire upon written notification only.

Authorized Signature:

Print Name :

Title:

Date: