

## LETTER OF AUTHORIZATION

1. **Customer Name** (your name should appear EXACTLY as it does on your local telephone bill)  
First Name Last Name

---

**First Name** **Last Name**

Business Name (required only if phone service is in your Company's Name)

---

2. **Service Address** (primary address where the telephone or internet service will be located. No Post Office Boxes)

---

**Street Address**

---

**City** **Province** **Postal Code**

3. **Billing Address** (if different from your service address, must appear EXACTLY as it does on your local telephone bill)

---

**Street Address**

---

**City** **Province** **Postal Code**

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider to CANINTER.NET. Please note that your Local, Toll and/or Long Distance service for the number(s) listed below will be changed to CANINTER.NET, and /or any services associated with this number(s), such as , DSL internet.

**Telephone Number**

( ) - (list all numbers to be ported)

**Current Service Provider**

---

### VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) or internet services 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 warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate CANINTER.NET. to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information CANINTER.NET deems necessary to make the carrier change(s). I further understand that after this process is completed CANINTER.NET will become my Local, Toll and Long Distance provider, as indicated above.

I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

**Signature:**

**Date:**

**Print Name:**