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## LOA Form / Transfer Form Change of Resporg - UZL01

	New Custom	Existing Customer Account _	
1. (	Customer Name (your i	ame should appear exactly as it does on your tele	phone bill)
	Business Name:		
	First Name:		
	Last Name:		
2. E	Billing Address (should	appear exactly as it does on your telephone bill)	
	Street Address:		
	City:		
	State:		
	ZIP:		
3. L	ist of Numbers author	zed to change from current phone provider to UniT	el Voice
	Phone Number:		
perta	ining to the number(s) listed	on this form. This agency includes, without limitation, the ordering	g or rearrangement of service
	nment of primary carrier servi	e requests, disconnection of service and other requests as deemed UniTel Voice.	necessary by United Voice to
Auth	orizations: I authorize UniTel \	oice, LLC. to act on our behalf in procuring the phone lines reque	sted herein with any telephone
carrie	er necessary to implement this	order. By signing this form, I agree to the Terms & Conditions set for	th in the UniTel Voice Terms &
Cond	litions, found at WWW.UNITEL	OICE.COM/TERMS. To best serve its Customers, UniTel Voice res	erves the right to designate or
assig	n this Service Agreement to a	ny subsequent providers or to any other carriers providing service ar	nd changing underlying carriers
Read	l, understood, and authorized b	: 	
Auth	norized Signature	Printed Name	Date