



VIRTUALTONE.

The Ultimate Communication Solution



LETTER OF AGENCY

Through the signature below, _____ ("Customer" or "We") verifies that it has authorized SKL Services Inc, DBA VirtualTone ("SKL") to become the new primary Agent for the provisioning of telephone services. We authorize SKL to act as our agent to effectuate this change, and direct our current primary local service Providers, as well as our current long distance services Providers, _____, ("Providers") to work with SKL and SKL's selected Service Providers to accomplish the change. We authorize SKL or an affiliated party, to deal directly with our current primary Providers to arrange for the following, at SKL's discretion: (1) porting of our existing local phone and/or toll free numbers to authorized Service Providers, designated by SKL, to act as our new primary service Providers; and (2) call forwarding of our existing local phone numbers to SKL's new primary service Providers;

We authorize SKL to coordinate and effect change to the following services:

☐ Local ☐ Domestic Long Distance ☐ International Long Distance ☐ Toll Free Services

Service address for the following numbers below, if you have multiple locations please use one form per location: Address: _____ City: _____ State: _____ ZIP: _____

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS (this includes cancelling your service) WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS. List your telephone number(s) below (please include area codes): Limit (12) numbers per column.

I certify that I am an authorized representative of the Company, and that I have read and understand this letter of agency and that I am authorized to change service providers for services to the telephone numbers listed above. I am further authorizing SKL to do a credit investigation on Company/Customer and hold free from liability all creditors and other persons who may respond to credit inquiries. I also understand that SKL provides services as an extension of underlying and regulated Local Service Providers, across there data network.

Authorized By Date

Company/Name
(as appears on local telephone bill)

Print Name, Title

Corporation, LLC, Partnership

Federal ID Number

D/B/A (If Applicable)

Physical Address

Billing Address

City/State/Zip Code

City/State/Zip Code