



Letter of Agency Form – Local Service

To Whom It May Concern:

I hereby authorize Silver Star Telecom to act as my (our) agent in all matters related to the local telephone number(s) listed below and to obtain and manage local telephone service for the company. My signature below authorizes my request:

This LOA supersedes any previous Letter of Agency related to the following local numbers(s). Please port the numbers listed below to Silver Star Telecom.

Local Number(s)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Customer Name:

(Exactly as listed with current carrier)

Street Address:

City:

State:

Zip:

Current Carrier:

Authorized Signature:

Printed Name:

Title:

Date: