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LETTER OF AUTHORIZATION FORM (LOA)

REQUESTED BY

KLIP/BroadRiver Contact: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

AUTHORIZATION

I hereby authorize BroadRiver Communication Corporation to perform the following function(s):
 (Please check all that apply and initial in the space provided.)

- Obtain a Customer Service Request (CSR) from my current provider Initial _____
- Make requested modifications to existing services Initial _____
- Port my existing telephone numbers over to BroadRiver Initial _____

CUSTOMER INFORMATION

Customer/Company Name: _____
 Service Address: _____
 Billing Address: _____
 Main Billing Telephone Number: _____
 Current Provider: _____
 Account Number: _____

AUTHORIZED SIGNATURE (Customer)

Authorized Signature: _____
 Printed Contact Name: _____
 Title: _____
 Date: _____

This Letter of Authorization form shall remain in effect for a period of 45 days from the above date.