

CUSTOMER INFORMATION	
Account ID:	Sales Rep Sales ID:
Order Sign Date:	Sales Rep CUID:
Product Info:	Orion/CORE Order #:
Type of Change: <input type="checkbox"/> New <input type="checkbox"/> Add to Account <input type="checkbox"/> Admin. Change	Product Account ID:

Letter of Agency

The undersigned hereby authorizes CenturyLink Communications Company, LLC (QCC) to act as the Responsible Organization ("RESPORG") for the following toll-free (8XX) numbers. The undersigned understands that this authorization is in accordance with all applicable CenturyLink state and federal tariffs (currently, CenturyLink Tariffs No. 2 and No. 3) and any accompanying terms and conditions therein.

Toll-Free Number	Current RespOrg ID	New RespOrg ID	Ring-to Number	Area of Service	New/Port	Switched/Dedicated
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED

Initial one of the following

_____ The undersigned is not an agent for any third party. The undersigned represents and warrants that it is the exclusive end user subscriber of the toll-free (8XX) number(s) listed herein and agrees to indemnify, defend and hold CenturyLink harmless for all liability and expenses for any breach of that representation and warranty.

_____ The undersigned is acting as an expressed authorized agent on behalf of a third party who controls the toll-free (8XX) number(s) listed above. Please list the third party for which you are acting on behalf of: _____.

(Proof of Letter of Agency for telecommunications, including but not limited to RespOrg, is required).

NOTICE REGARDING USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain usage-related information about the quantity, type, location and destination of telecommunications services you use, including call detail information appearing on your bill. At CenturyLink your account information is confidential and protected by law. This information may be useful to tailor our products and services to your needs and to enhance our ability to meet all of your telecommunications needs. This information does not include your name, address, or telephone number. With your approval, we will use your usage-related information to offer you other CenturyLink (or its affiliates) products or services that may satisfy your needs and to respond to your concerns if you have become dissatisfied or cancel any of our services. Of course, your decision will not harm the quality of service CenturyLink (or its affiliates) provides, and we will honor your choice until you expressly tell us otherwise.

Yes, I, the undersigned customer hereby authorize CenturyLink Companies and businesses acting on CenturyLink's behalf, to: (i) use billing and usage information related to my account to evaluate whether I would benefit from other services offered by CenturyLink; and (ii) market such other services to me.

By signing this form, the undersigned also acknowledges that if this is a new toll-free (8XX) number, this toll-free (8XX) number will not be assigned to undersigned until the toll-free (8XX) number is actually ringing to the ring-to number listed above. In addition, the undersigned authorizes CenturyLink and agents acting on its behalf to verify and amend the Current RespOrg ID to match that found for the toll free (8XX) number(s) as assigned in the national toll free database for the purposes gaining control of the requested toll free number(s). The undersigned further represents, warrants and agrees to indemnify, defend and hold CenturyLink harmless from any damages that may arise from this new toll-free (8XX) number not being available to the undersigned.

Understood and Agreed:

Signature (required)	Date

Company Name (as listed on current billing invoice):		
Contact:		
Title:		
Service Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Comments:		

FOR INTERNAL USE ONLY

Received Date:	Sales Username:
Processed Date:	City: