

Letter of Authorization



Company Name _____

Contact _____ Phone Number _____

Title _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Billing Telephone Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I certify that I am at least 18 years of age. I am the customer or I am authorized by the customer to order service(s) for the number(s) listed above.
2. I am authorizing PGP Telecom to act as my Consultant/Agent to obtain any and all customer service records and information on our account for numbers listed above.
3. I understand that only one local phone service provider, one regional and one long distance carrier can be designated for each telephone number.
4. This Letter of Authorization shall continue for a period of 90 Days from the date signed below.
5. This Letter of Authorization does not permit PGP or its agents to make any changes to service or contracts. It only allows PGP to access information on my account.

X

Signature

Date

Authorized Name (please print)

PGP Telecom Sales ID