



800.com

Responsible Organization Letter of Authorization

Send Completed Form to: 1-888-320-8445 (Fax) OR support@800.com (Email)

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize 800.com, Inc (NVT01) ("NovaTel") to be the Responsible Organization ("Resp Org") for the following Toll Free service numbers, including acting on my behalf, and at my direction, to transfer the Resp Org. Please note that any transferred number must be either for voice or for fax, it cannot be both.

Current Carrier: _____ Current Resp Org ID: _____ New Resp Org ID: NVT01

Line Type			Line Type		
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax
8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax	8 ___ - ___ - _____	<input type="checkbox"/> Voice	<input type="checkbox"/> Fax

Print Customer Name _____

(As it appears on customer's bill copy)

Address _____

City _____ State _____ Zip Code _____ - _____

Customer Contact _____ Phone Number (_____) _____ - _____

Billing Account Number _____ Delivery Date ____/____/____

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the Toll Free service numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriated) of traffic of any other end-user subscriber with regards to the Toll Free service numbers listed. In addition, I understand that this request for a Resp Org change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my Toll Free service after designating the above as my Resp Org for the Toll Free numbers listed above.

Authorized Signature _____ Date ____/____/____

Print Name _____ Title _____