



7/31/2001

CUSTOMER INFORMATION		SALES INFORMATION	
Account ID: <b>TOT</b>		Sales Rep Name: <b>ProDial</b>	
Order Sign Date:		Sales Rep ID:	
Orion/CORE Order #: <b>N/A</b>		Sales Rep Phone Number: <b>805-383-8891</b>	
Product Info:		Sales Support Rep:	
Product Account ID:			
Type of Change: <input type="checkbox"/> New <input type="checkbox"/> Add to Account <input type="checkbox"/> Admin. Change <input type="checkbox"/> Partial Disconnect			

Letter of Agency

The undersigned hereby authorizes Qwest Communications Corporation ("Qwest") 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 Qwest state and federal tariffs (currently, Qwest Tariffs No. 2 and No. 3) and any accompanying terms and conditions therein.

Toll-Free Number	Current RESPORG	Current RESPORG ID	Ring-to Number	Area of Service	New/Port	Switched/Dedicated
				<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
				<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
				<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
				<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
				<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
				<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
				<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
				<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
				<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
				<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
				<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 Qwest harmless from 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 and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information. 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. With your approval, we will use your usage-related information to offer you other Qwest (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 Qwest (or its affiliates) provides, and we will honor your choice until you expressly tell us otherwise.

Yes, I, the undersigned customer hereby authorizes Qwest and agents acting on its behalf to: (i) use billing and usage information related to my account to evaluate whether I would benefit from other telecommunications services offered by Qwest; and (ii) market such other telecommunications 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. The undersigned further represents, warrants and agrees to indemnify, defend and hold Qwest 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:		
Contact:		
Title:		
Service Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Comments:		

FOR INTERNAL USE ONLY

Received Date:	Sales Username:
Processed Date:	City: