

* Required

Please attach page(s) of your telephone bill showing current Toll-Free carrier, your name and address



Responsible Organization Change Authorization

Thank you for choosing PowerNet Global Communications for your toll-free service. This form is used for the transfer of existing toll-free numbers to PowerNet Global, and must be accompanied by a completed Business or Residential Service Application, unless you already have an active account with PowerNet Global.

Customer Information

* Customer Name: _____

* Account Name (exactly as it appears on your current toll-free bill): _____

***To ensure proper transfer of your existing toll-free number, please attach the front page of the telephone bill from your current toll-free carrier

* Street Address (as it appears on your current phone bill): _____

* City: _____ * State: _____ * Zip: _____

*Mailing/Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

* Toll-Free Numbers to be Transferred

I, the undersigned, hereby authorize PowerNet Global Communications to act as my agent for the following toll-free number(s):

<u>Toll-Free Number(s)</u>	<u>Ring-To Numbers(s)</u>	<u>Current Toll-Free Carrier Name</u>	<u>Switched</u>	<u>Dedicated</u>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
() _____	() _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Agreement and Waiver

- The undersigned is not an agent for any third party.
- The undersigned represents and warrants that they are the exclusive end user/subscriber of the toll-free number(s) listed herein.
- The undersigned authorizes PNG Telecommunications, Inc. as agent for the appointment of responsible organization for the toll-free number(s) listed herein.

I understand and agree with the above information:

* Authorized Customer Signature: _____ Date: _____

* Printed Name: _____

Revised 3/1/01

Please Sign & Fax It To 858-777-5505

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