



**LETTER OF AUTHORIZATION
(LOA)**

A signed Letter of Authorization (LOA) is required by Skylink Digital LLC in order to provide service to the end user. The completed LOA must be on file before the request of information about current services with other providers. Customer Service Record information shall include all terminal numbers, and billing name and address, end user usage and service information; and the contact name and address for each end user location designated by the undersigned.

This Letter of Authorization gives legal authorization to Skylink Digital LLC (a) to act as your agent to make any and all inquiries necessary for the purpose of obtaining Customer Service Records information, and (b) to act as your agent for the purpose of taking any and all actions required (including the removal of any account protection / freezes) to become your LOCAL SERVICE PROVIDER and to implement other services described herein for all your physical services and billing locations as noted on this form including changing your DSL & local and long distance carrier(s).

This authorization does not preclude our ability to act on our own behalf when we deem necessary to do so.

I, _____ authorize Skylink Digital LLC to review my account information, assess current services and assist in making modifications to my account throughout the duration of my agreement. I give Skylink Digital LLC the authorization to notify all appropriate parties, including my current local and long distance carrier of choice and to make the necessary changes for my current and future services without further permission. Skylink Digital LLC may obtain any records from my local intra-lata long distance, and / or long distance Telephone Company necessary so that they may provide these services to me.

Service Address:

City: _____ State: _____ Zip: _____

Main Billing Telephone Number:

DSL Telephone Number: (if different)

Current Phone Provider:

Current DSL Provider:

Authorized Customer Name (Printed)

Authorized Customer Signature:

**Authorized Customer Signature
(Spouse/Partner)**

Date:

Date:

Please fill out completely, then print and fax to: (406) 257-0438