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| CenturyLink BMG Logo | **CenturyLink RespOrg (Qwest Resp Org ID LGT01) - Domestic Toll-Free Number****(Responsible Organization Change Form)**Revised: 11/08/11 |

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| --- |
| CUSTOMER INFORMATION |
| Account ID:  | Sales Rep Sales ID: Sales Rep CUID:  |
| Order Sign Date  | Orion/CORE Order #:  |
| Product Info: | Product Account ID: |
| Type of Change: [ ]  New [ ]  Add to Account [ ]  Admin. Change [ ]  Partial Disconnect |

### Letter of Agency

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Toll-Free Number** | **Current RespOrg ID** | **New RespOrg ID** | **Ring-to Number** | **Area of Service** | **New/****Port** | **Switched/Dedicated** |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** DED |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** DED |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** DED |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** DED |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** DED |
|  |  | **LGT01** |  | **[ ]** 48 **[ ]** 50 **[ ]** Canada**[ ]** VI/PR **[ ]** International | **[ ]** New  **[ ]** Port | **[ ]** SWI**[ ]** 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) numbers(s) listed herein and agrees to be responsible for harm caused to CenturyLink due to the undersigned’s breach of a representation or 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.

[ ] Yes, I, the undersigned customer hereby authorize CenturyLink 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 CenturyLink; 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. In addition, the undersigned authorizes CenturyLink and agents acting on its behalf to verify and amend the Current RespOrg ID to match that found for the toll free (8XX) number(s) as assigned in the national toll free database for the purposes gaining control of the requested toll free number(s).

**Understood and Agreed:**

|  |  |
| --- | --- |
| Signature *(required)* | Date |
|   |
| Company Name (as listed on current billing invoice):       |
| Contact:       |
| Title:       |
|  Service Address:  |
|  City:  |  State:  |  Zip Code:  |
|  Phone Number:  |  Fax Number:  |
|  Comments:  |
| **FOR INTERNAL USE ONLY** |
| Received Date:  | Sales Username:  |
| Processed Date:  | City:  |