



# Responsible Organization Change Authorization

Toll Free Portability 888-837-8915 (FAX)

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 Primus Telecommunications, Inc. ("Primus") 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 functions to Primus.

**Current Carrier** \_\_\_\_\_ **Primus Resp Org ID** **TIN03**

Toll Free Number(s)	Ring To Number(s)	Area of Service
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
8 - - - - - - - - - -	- - - - - - - - - -	<input type="checkbox"/> U.S. <input type="checkbox"/> CANADA <input type="checkbox"/> AK <input type="checkbox"/> HI <input type="checkbox"/> PR
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## Customer Information

Print Customer Name \_\_\_\_\_

Address \_\_\_\_\_  Billing Address  Service Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Customer Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Billing Account Number \_\_\_\_\_ - \_\_\_\_\_ Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agent/ Rep Name: \_\_\_\_\_ Agent/Rep Code: \_\_\_\_\_

Agent/ Rep Contact Number: Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 to Primus 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 Primus as my Resp Org for the Toll Free numbers listed above.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

## Primus Telecommunications Representative Use

Primus Rep \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Activation Type**  HOT CUT  NASC  OTHER