



Letter Of Authorization

Company Name: _____

Contact: _____ Phone Number: _____

Title: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Telephone Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I certify that I am at least 18 years of age. I am the customer or I am authorized by the customer to order service(s) for the number(s) listed above.
2. I am authorizing P2 Telecom, LLC. to act as my Consultant/Agent to obtain any and all customer service records and information on our account for numbers listed above.
3. I understand that only one local phone service provider, one regional and one long distance carrier can be designated for each telephone number.
4. This Letter of Authorization shall continue for a period of 90 Days from the date signed below.

Signature

Date

Authorized Name (please print)

