



## Local Letter of Agency Instructions

The Local Letter of Agency (LOA) authorizes Convirza and its agents to speak with your company's telecommunications provider and enact any necessary changes on your behalf. We will need to present it to your provider before we can begin setting up your account, so it is important that we get the form back immediately.

**It is best if the LOA is printed on your letterhead.** You can copy and paste the text below into your letterhead format if needed. If you do not have letterhead, then simply use the form as is and make sure your address and other identifying information is correct.

Please make sure that your company information appears correctly in the attached form, including name, address, contact numbers, etc.

The letter should be signed by the person within your company who has the authority to allow access to your company's telecommunications records. The name and title should be printed below the signature.

Certain providers require a Letter of Agency specific to that carrier. So we may need to repeat this process with a second letter addressed specifically to the provider in question.

**Paste the following text into a word processing document and sign and return by fax to 866-633-7105 or as an email attachment: [support@convirza.com](mailto:support@convirza.com)**

Questions? You can reach the **Convirza Support Team** at:  
[www.convirza.com/support](http://www.convirza.com/support)      [support@convirza.com](mailto:support@convirza.com)      855-889-3939

[Date]

Address

Subject: Limited Letter of Agency

To Whom It May Concern:

This **Limited Letter of Agency** ("Agency") hereby authorizes Convirza and its agents to act on our behalf as an Agent for the purpose of coordinating certain telecommunications services. We hereby authorize Convirza and its agents to discuss telecommunications services with our telecommunications service providers, to receive necessary telecommunications records from the telecommunications provider, and to have access to our network and equipment records as needed. This authorization does not prevent us from acting on our own behalf as necessary.

By signing below, I am specifically authorizing Convirza and its agents to designate our new telephone service provider in place of our current provider for the provision of local telephone services in the form of +Voice over IP service. I authorize Convirza or its designated agent to act on our behalf to make this change happen, and direct our current provider to work with them to effect this requested change.

I understand that if I wish to return to my current telephony provider that I may incur fees or reconnection charges from one or more of the companies involved. I understand that the fees associated with the new service may be different than my current service fees and are governed by a separate agreement with Convirza. I understand that porting of our telephone numbers may result in a temporary disruption of service. Therefore I agree to hold harmless Convirza and/or its agents for any interruption in service during this porting process. I understand that my current carrier may charge me a fee to switch long distance carriers.

This Agency shall commence on the date listed below and shall continue for [contract length] months, which is the length of the service agreement between the parties.

Convirza can be reached by phone at 855-889-3939. Our main contact at Convirza for telecommunications issues will be Kami Loder, who can be reached at 385-695-3251 or kloder@convirza.com. Please extend Convirza and its representatives every courtesy.

Sincerely,

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Type Name

\_\_\_\_\_  
Title