

Customer Information

Responsible Organization Change Authorization

Thank you for choosing InteliPhone Call Coverage Service. This form is used for the transfer of existing toll-free numbers to InteliPhone (RESPORG ID: HSH01), and must be accompanied by a copy of your current telephone bill which contains: 1)Current Billing Address, 2) Toll Free Number Being Transferred. Upon completion, please FAX to InteliPhone Customer Service at (877) 332-2879.

Customer Name:					
Account Name: (exactly as it appears on current toll-free bill)					
Street Address: (exactly as it ap	pears on current toll-free bill)				
City:		State:	Zip Code:		
Mailing/Billing Address (if diffe	erent from above)				
City:		State:	Zip Code:	ip Code:	
Toll-Free Numbers to be Transferred I, the undersigned, hereby authorize InteliPhone to act as my agent for the following toll-free number(s):					
foll Free Number(s) Ring-To Number(s)		Current Toll-Free Carrier Name		Service Type	
Agreement and Waive The undersigned is not an agent for a The undersigned represents and wan The undersigned authorizes InteliPho	nny third party. rants that they are the exclusive end uniter as agent for the appointment of re	sponsible organization for the toll		erein.	
I understand and agree with the above information: Authorized Customer Signature: Date:					
Customer Name:					