*Copy text and paste into organization branded letterhead prior to filling out form fields*

To: All concerned Local Exchange Carriers, Interexchange Carriers, Other Common Carriers, Resellers, Consultants, Joint User Members, and Equipment Vendors.

Customer:

Name

Address:

*Name of School or Business Organization* hereby appoints Business Automation Technologies, Inc. dba Data Network Solutions (an Authorized NJ CLEC) located at 106 Apple Street, Suite 103 Tinton Falls, NJ 07724 and its employees or assigned agents to act on its behalf for the purpose of ordering, changing, canceling migrating or porting telephone number and/or maintaining communication services, including, but not limited t, local services, long distance services, private line services, the transfer of unbundled loops/circuits, the use of the high frequency portion of loops for line-sharing, and number portability, regarding:

1. Local Exchange Carriers
2. Interexchange Carriers
3. Other Common Carriers
4. Specialized Common Carriers
5. Resellers
6. Consultants
7. Joint User Groups
8. Equipment Vendors

Data Network Solutions, a division of Business Automation Technologies, Inc. 106 Apple St, Tinton

Falls, NJ 07724 and its employees or assigned agents is also authorized to obtain billing information,

Customer service record (CSR), and credit information.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN

WRITING.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |
| Name |  | Company |

Title