COX BUSINESS

Letter of Agency

Business Name: _____ **Billing Co. Name:** _____
Service Address: _____ **Billing Address:** _____
Service City, State, Zip: _____ **Billing City, State, Zip:** _____

By signing this Letter of Agency ("LOA"), whether by electronic signature or other legally valid method of signature, the undersigned hereby appoints **Cox Virginia Telcom, LLC** to act as an agent on its behalf to switch its (1) local service telephone provider, (2) local toll service provider, or (3) long distance service provider, to **Cox Virginia Telcom, LLC**. If a box is not initialed or checked, **Cox Virginia Telcom, LLC** is not to switch service providers.

Porting Telephone number(s):

[X] If this box is checked, by signing below, I appoint **Cox Virginia Telcom, LLC** to become my new telephone service provider for **local** telephone service for the phone number(s) listed above and any other future telephone numbers added to this account unless I indicate otherwise. I appoint **Cox Virginia Telcom, LLC** to act as my agent to make this change happen. Unless numbers are listed below, all numbers above apply.

Telephone Number(s):

[X] If this box is checked, by signing below, I appoint **Cox Virginia Telcom, LLC** to become my new telephone service provider for **local toll** telephone service for the phone number(s) listed above and any other future telephone numbers added to this account unless I indicate otherwise. I appoint **Cox Virginia Telcom, LLC** to act as my agent to make this change happen. Unless numbers are listed below, all numbers above apply.

Telephone Number(s):

If **Cox Virginia Telcom, LLC** will not be the local toll provider, list the local toll provider(s) and the corresponding ported number(s)-

[X] If this box is checked, by signing below, I appoint **Cox Virginia Telcom, LLC** to become my new telephone service provider for **long distance** (which includes **International long distance)** telephone service for the phone number(s) listed above and any other future telephone numbers added to this account unless I indicate otherwise. I appoint **Cox Virginia Telcom, LLC** to act as my agent to make this change happen. Unless numbers are listed below, all numbers above apply.

Telephone Number(s):

If **Cox Virginia Telcom, LLC** will not be the long distance provider, list the long distance provider(s) and the corresponding ported number(s)-

I understand that I may be required to pay a change of service or activation fee to switch local exchange, local toll, and/or long distance (which includes International long distance) providers to **Cox Virginia Telcom, LLC**. I understand that after the change of my local telephone service to **Cox Virginia Telcom, LLC** any existing DSL service may be disconnected by my former service provider. I also understand that my former service provider may assess penalties for early termination. I also understand that **Cox Virginia Telcom, LLC** may have different calling areas, rates, and charges than my current telephone company, and I am willing to be billed accordingly.

By signing below, I acknowledge and accept the service characteristics described above.

I have read and understood this Letter of Agency. I am at least eighteen years of age and legally consent to change telephone companies for services to the telephone number(s) listed above. I also hereby consent to signing this LOA by electronic signature or other legally valid signature method.

▶ **Signature:** _____ ▶ **Date:** _____

Sales Rep: **Fax:** **Email:**