

LETTER OF AUTHORIZATION

Date: _____

To: _____ **(Current Service Provider)**

This letter authorizes TransWorld Network Corp. to act as Service Provider's agent for the purpose of changing the end-user's preferred local exchange carrier ("Preferred Carrier Change" and porting the telephone numbers listed below from the local exchange carrier to the TransWorld Network Corp. managed network (Local Number Portability "LNP").

I _____, hereby authorize TransWorld Network Corp. and its providers to obtain information about and/or copies of my network services configuration and to order and manage negotiations for the transfer of local telecommunications service for the telephone numbers listed below.

Telephone Numbers:

1. _____
2. _____
3. _____
4. _____

BTN (Billing Telephone Number):

(Found on customer's phone bill)

Service Address:

Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Current Service Provider: _____

This letter of authorization will be effective for Preferred Carrier Change and LNP purposes only and does not permit TransWorld Network Corp. to acquire any additional information not pertaining to this matter.

Signature _____
Printed Name _____
Date _____

For Assistance contact Customer Service 1-877-877-6861
Return completed form by Fax - 1-866-380-7702 or Email - loa@twncorp.com