

**Letter of Authorization**

**Service or Application Name:**

**Business Name:**

(Registered Company Name or Name of application that your end-users know you as)

**Authorized Contact:**

**Service Address:**

**City: Zip Code:**

**State : Country:**

*Note: Service Address on file with your current carrier (Please note, this must be a physical location*

*and cannot be a PO Box)*

**Toll-Free Numbers to be Text-enabled**

List all the Telephone Number(s) which you authorize to change from your current phone

service Vendor to Syniverse

**Toll-Free Numbers** **Current Vendor (Only If previously Text-enabled)**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

This enablement is strictly applicable to sending and receiving of SMS messages. Any existing voice related services or changes to existing Voice service provided is out of scope of this enablement.

By signing the below, I verify that I am, or represent (for a business), the above-named service customer, and am at least 18 years of age and authorized to change the primary vendor or Responsible Organization for the telephone number(s) listed for the purpose of text messaging enablement for the given telephone number(s). The name and address I have provided is the name and address on record with Service Vendor for each telephone number listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature Print Date**