

Authorization Letter



By: _____ (Customer) Date: _____

For: _____ (Agent)

To: _____ (ISP)

Agent is authorized to act as an agent on behalf of Customer in dealings between Customer and _____ (ISP) solely with respect to with the provision of communications, data, information and other broadband services. This authorization may include the ability to obtain Customer's proprietary network information ("CPNI"). The specific authorizations are indicated below.

Customer hereby authorizes **Agent** to: (Check all that apply)

Receive and discuss Internet Protocol and network information (e.g. static IP addresses and configuration details) pertinent to Customer's account.

Schedule service and repair calls.

This Letter of Agency and Authorization does not prevent Customer from acting on its own behalf, or from being contacted by parties with whom Customer has prior agreements during the term of such agreements.

Customer hereby releases and agrees to indemnify, defend, and hold _____ (Agent) harmless from and against any damage, liability or loss resulting from Agent's dealings with _____ (ISP) pursuant to this Letter and Authorization, including but not limited to Agent's unauthorized disclosure of Customer's proprietary or confidential information (including CPNI), if applicable. Customer hereby waives any right or remedy against _____ (ISP) pertaining to or arising from any such unauthorized disclosure by Agent and acknowledges and agrees that Customer shall look solely to Agent or other third parties for any such remedies or redress.

This Letter Authorization shall remain in effect until the earlier of a period of (24) months from the date of Customer's signature or until revoked in writing by the parties hereto. The undersigned acknowledges that he or she has read and understands the forgoing, and has full authority to execute this Letter of Authorization on behalf of Customer.

Customer Authorization

Signature: _____

Account #: _____

Printed/Typed Name: _____

Phone #: _____

Title: _____

Security Code: _____

Contact #: _____

Service Address: _____

Date: _____
