



Speed Of Light Broadband Port Authorization

I hereby select Speed of Light (SOL) Broadband to be my local exchange provider and to act as our Agent in dealings with our current local exchange telephone company. Speed of Light Broadband may place orders for new services, changes to existing services, and request and receive the results of busy/traffic studies. This authorization covers the following locations and lead billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for any one telephone number.

Customer Name

Customer Billing Address – Street	City	State	Zip
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Customer Physical Address – Street	City	State	Zip
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Name of Individual Authorized to Act for Customer	Phone Number
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Main Billing Phone Number (Residential Account)	Account Number (if existing customer)
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Main Billing Phone Number (Business Account)	Account Number (if existing customer)
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I authorize Speed of Light Broadband to provide local service to my telephone number(s)

<p>_____</p> <p>Init.</p>	<p>_____</p> <p>Phone Number 1</p> <p>_____</p> <p>Phone Number 2</p>
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Will this be a partial port? Yes No
 If yes, remaining telephone numbers will stay active with current provider unless indicated otherwise.

I certify that I have read and understand the Letter of Authorization. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for services to the telephone numbers listed above. I authorize SOL Broadband to act as my agent to notify my local phone company of my decision to change my current long distance service to SOL Broadband. I understand that my local phone company may charge me a fee to switch long distance carriers. Selection of SOL Broadband will apply to the telephone number(s) listed on this form. I, the customer, understand that I may designate only one inter-exchange carrier for one telephone number for interLATA and, where applicable, intraLATA usage, and hereby designate SOL Broadband as my primary carrier.

Signature (Residential Customer or Authorized Agent)	Date
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Printed Name	Title (for Business Accounts)
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Please fax or email document to: 817-337-0169 or billing@solbroadband.com

