Letter of Authorization

sinch

By this letter, (Customer Name), authorizes Sinch to act as their Service Provider's limited agent for the designated purpose of SMS and/or MMS message origination and delivery through an independent and direct interface with {Customer}'s messaging "Vendor", Sinch associated with the TN provided by the Client to Sinch. The TN to which this authorization shall apply are only the TN(s) below, or is ported in to the Service Provider as a results of an LNP transaction, that are associated with the Service Provider's OCNs/RESPORG in the LERG and used by (Customer Name) in connection with the Service Provider's VoIP services. The parties agree to work in good faith to establish and register all requisite Service Provider Identification ("SPID"), with third party providers and to resolve any technical and operational issues associated with this authorization.

The numbers are authorized for the following services:

_____ *Messaging only*

_____ *Voice only*

_____ *Messaging and voice (default if not specified)*

Current Provider _____

Customer/Company Name _____   **(As it appears on the Customer Service Record, or CSR, with the losing carrier)**

Service Address _____

City _____   State _____   Zip ____

Number(s) to Port   If order exceeds 10 TN's - attach them all on a spreadsheet.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriated) of traffic of any other end-user subscriber with regards to the numbers listed. In addition, I understand that this request for a SPID change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my existing carrier(s) of any intention to disconnect and/or change my service after designating the above as my provider for the numbers listed above.

Authorized Signature _____   Date _____

Print Name _____   **Must be dated within 30 days to be valid**   Title _____