

**NORTHLAND CABLE TELEVISION  
LETTER OF AUTHORIZATION**

Dear Customer:

Thank you for choosing Northland Cable Television (“Northland”) as your digital phone service provider. You may be able to continue to use your existing telephone number with Northland’s digital phone service (“Phone Service”). In order to transition your current telephone number to Northland’s Phone Service, Northland, either on its own or through its designated agent, must work with your previous service provider to transfer your number. The transfer process may take more than thirty (30) business days to complete, but is usually completed within one to two weeks. Northland Cable will notify you by email, phone, or letter when your number is successfully transferred. We will notify you if we expect there to be any unusual delays. You may always call us at [local office phone number] to check on the status of the number transfer or verify that your number has been transferred.

This Letter of Authorization is your authorization to transfer your number and change your service provider to Northland or its designated agent. By filling in all of the below information, and signing and dating this Letter of Authorization, you authorize Northland to transfer your service and telephone number to Northland’s Phone Service. Once your number is transferred, you will be able to use your old number with your new Northland Phone Service.

**Telephone Number and Location Information:**

Please provide below the billing name and address for the telephone number(s) that you are transferring:

Name on the Account: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite or Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Telephone Number(s): (\_\_\_\_) - \_\_\_\_ - \_\_\_\_; (\_\_\_\_) - \_\_\_\_ - \_\_\_\_; (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
[Attach additional pages as necessary]

Current Service Provider: \_\_\_\_\_

**PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE DELAY IN PORTING YOUR NUMBER.**

For 911 Emergency services to work properly you must list the street address for your physical location (defined herein as your “Physical Address”). A P.O. Box will not work. When you move, you must change your Physical Address by contacting customer care. Failure to do so will result in all your 911 emergency calls being misdirected.

**PLEASE READ NORTHLAND’S “TERMS OF USE,” LOCATED AT [WWW.NORTHLANDCABLETV.COM](http://WWW.NORTHLANDCABLETV.COM), AND YOUR USER’S GUIDE FOR FURTHER INFORMATION REGARDING 911 EMERGENCY SERVICES. ADDITIONAL COPIES CAN BE PROVIDED TO YOU AT YOUR REQUEST.**

Please provide below the Physical Address for each of the above phone numbers.

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Street Address: \_\_\_\_\_  
Suite or Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Street Address: \_\_\_\_\_  
Suite or Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite or Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
[Attach additional pages as necessary]

**Service Selection**

Please initial below for each service that you wish to select Northland as your service provider. If you would like to receive each type of service from Northland, you must initial ALL THREE (3) spaces.

I select \_\_\_\_\_ (initials) Northland for all local calls for this number.  
I select \_\_\_\_\_ (initials) Northland for all local toll calls for this number.  
I select \_\_\_\_\_ (initials) Northland for all long distance (intrastate and interstate) and international calls for this number.

**Authorization**

Please read the following carefully, and sign your name at the bottom of the page:

I acknowledge that I have read and understand the terms of this authorization and that I am at least eighteen (18) years of age and legally authorized to switch telephone companies for services to the telephone number(s) listed above. I further certify that the information on this Letter of Authorization is correct to the best of my knowledge. I also understand that Northland may have different calling areas, rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly. Should I wish to later return to my current telephone company, I understand that I may be required to pay a reconnection charge to that company.

By signing below, I designate Northland or its designated agent to transfer my service from my current provider to Northland. By signing below, I also authorize Northland or its designated agent to transfer my current telephone number(s) used to provide service so that Northland may provide its service to me. By signing below, I also authorize Northland or its designated agent to obtain billing information, customer service records and other network information required to provide me with Northland service. I understand that I may consult with Northland to determine whether a fee will apply for changing each of my service provider(s).

Signature: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

PLEASE FAX THIS FORM TO [local office fax number]  
Please be sure to sign and date this form