



## Toll-Free Number Responsible Organization Form

RESPORG: LQX01

|                           |              |                             |                    |
|---------------------------|--------------|-----------------------------|--------------------|
| Customer Type:            | New/Existing | Billing Acct #:             |                    |
| Customer Name:            |              |                             |                    |
| Physical Address:         |              |                             |                    |
| City:                     |              | State:                      | Zip:               |
| Is the number:            | New/Ported   | Is the number:              | Switched/Dedicated |
| Whis the toll-free number |              | What is the ring-to-number: |                    |

Initial One Of The Following:

The undersigned is not an agent for any third party. The undersigned represents and warrants that it is the exclusive end-using subscriber of the toll-free number(s) listed herein and agrees to hold harmless and indemnify Akabis, Inc. from all liability and expenses for any breach of that representation and warranty.

\_\_\_\_\_

The undersigned is acting as an authorized agent on behalf of the third party identified below that controls the toll-free number(s) listed above.

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title (where applicable): \_\_\_\_\_

Company Name (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**I understand that by signing above, the preferred provider for the telecommunications service(s) specified will be changed for the telephone number(s) specified above.**