



Customer BILLING Information	utilorization for i	oli Free Number a	na Kesponsibio	e Organization 11	alisie	
Company Name			In order to validate "TFN Authorization" - PLEASE include your most recent TFN Invoice showing TFN(s), Complete Billing Address and Company Name,			
Street Address			and Contact Name o			
		Contac	et			
Complete Address, EXACTLY a	State Zip	Phone ree Invoice	#			
RESPONSIBLE ORGANIZATION (gency			
I hereby designate ANPI, LLC, or any below. These designations supersede					X) listed	
Toll-Free Numbers (TFNs) for whi	ich RespOrg Functio	ns are being Transferr	red		_	
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Current RespOrg for these TFNs:		Rei	lease to RespOrg	WWT02	Ī	
Agreed to by CUSTOMER						
Nama						
Name EXACTLY as it appears on curr	ent Toll Free Number Invoice	Authorized S	ignature			
Title		Date		NASC'ing Fee:	\$30	
Is Toll Free Number (TFN) Invo	pice attached & does it list the	he correct Name, Address &	TFNs, associated with t	his Move Request?:		

Does the current Service Provider's TFN Invoice "Billing Information", **EXACTLY** match the Billing Information provide above?: