

Twilio Inc. Letter of Authorization (LOA)

1. Customer Name (your	name should appear exa	actly as it does on your te	lephone bill):	
First Name		Last Name		
Business Name (if the serv	vice is in your company's	name)		
2. Service Address on file and cannot be a PO	•	r (Please note, this must l	be a physical	location
Address				
City	State/Provin	ce	Zip/ Postal code	
3. List all the Telephone provider to Twilio Inc	-	thorize to change from yo	our current p	hone service
Phone Number*		Service Provider Account N		PIN (If Applicable)
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()				
()				
()				
*If you have more than 4 nu	mbers please list it on a	n extra page		L
By signing the below, I verify the primary carrier(s) for the telephoname and address on record windesignated agent to act on my be service(s), to obtain any information of telephone lines billed to the thistory.	the number(s) listed, and am th my local telephone comp whalf and notify my current ca tion Twilio Inc deems necessa	at least 18 years of age. The pany for each telephone num arrier(s) to change my preferr ary to make the carrier change	name and addre ber listed. I au ed carrier(s) for e(s), including, f	ess I have provided is the thorize Twilio Inc. or its the listed number(s) and for example, an inventory
· 				
Authorized Signature Print	Date			