Twilio Inc. Letter of Authorization (LOA)



1. Customer Name (your name should appear exactly as it does on your telephone bill):

First Name		Last Name			
Business Name (if the service is in your company's name)					
Service Address on file physical location and contacts			note, this mus	st be a	
Address					
City	State/Province		Zip/ Posta	Zip/ Postal code	
3. List all the Telephone Number(s) which you authorize to change from your curren phone service provider to Twilio Inc. Phone Number* PIN (If Applicable)					
()	Service Provi	dei Account	Nullibei	Арріісавіе)	
()					
()					
*If you have more than 4 numbers	nlease list it on an	evtra nage			
By signing the below, I verify that I am, or primary carrier(s) for the telephone numb name and address on record with my lodesignated agent to act on my behalf and service(s), to obtain any information Twili of telephone lines billed to the telephone history.	or represent (for a bus per(s) listed, and am a pocal telephone compa notify my current car o Inc deems necessar	iness), the above-named se t least 18 years of age. The ny for each telephone num rier(s) to change my preferr y to make the carrier chang	name and address I nber listed. I authori ed carrier(s) for the l e(s), including, for ex	have provided is the ze Twilio Inc. or its isted number(s) and cample, an inventory	
Authorized Signature	Signature P		Print Date		