



**The Standard Letter of Agency Document**

A letter of agency (LOA) must be completed by the end-user and supplied to Cable Systems of Nevada LLC., (CSNV). The LOA must contain the name and current service address of the end user and the account number of the numbers to be ported to CSNV.

**Dear Customer,**

Thank you for choosing CSNV as your network carrier. As you are aware, you may continue to use your current telephone number with CSNV. In order to transition your current telephone number to the CSNV network, CSNV must work with your previous service provider to ensure your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to CSNV. You will then be able to use your old number with the CSNV network.

Please ensure the following information is accurate to prevent delays.

END-User Name: \_\_\_\_\_

Person authorized to make this request: \_\_\_\_\_

Service address: \_\_\_\_\_ Suite or Apt No. \_\_\_\_\_

City State Zip: \_\_\_\_\_

Current Service provider: \_\_\_\_\_ Account number: \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Please remove any features associated with these numbers prior to submitting this LOA. Additionally please do not place any new service orders or disconnects with your current provider on this account, as this will cause a delay in porting your numbers. If you wish to select CSNV as your new service provider for the telephone numbers listed on this form, you will need sign your initials on the THREE lines below as applicable:

I \_\_\_\_\_ (initials) CSNV as the network carrier for all local calls for this number.

I \_\_\_\_\_ (initials) CSNV as the network carrier for all intrastate toll calls for this number.

I \_\_\_\_\_ (initials) CSNV as the network carrier for all interstate toll and international calls for this number.

If you want to receive service on the CSNV network, you will need to select CSNV in ALL THREE (3) spaces above. You may not have more than one carrier for each type of service above.

By signing below, I designate CSNV to transfer my service from my current provider to CSNV. By signing below, I also authorize CSNV to transfer my current phone number used to provide service so that SCNV may provide its network service to me. By signing below, I also authorize to obtain billing information, customer service records, and other information required to provide me with service on the CSNV network. I understand that I may consult with CSNV as to whether a fee will apply to the change.

PRINTED END USER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Please sign and date, then email or fax to: [LOA@csnv.tv](mailto:LOA@csnv.tv) or Fax to 435-304-4134