

TSSRegistry™ Override Request Form & Letter of Agency (LOA)

| ne undersigned authorized Toll-Free Number holder hereby appoints | of |
|---|----|
| equest Date: | |
| oll-Free Number(s) (Please attach additional sheet if necessary): | |
| Toll-Free Number(s) | |
| | |
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| | |
| ustomer Information: | |
| ompany Name: | |
| ompany Address: | |
| | |
| ustomer Contact Name: | |
| ustomer Job Title: | |
| ustomer Contact Telephone Number: | |
| ustomer Contact Email: | |
| ustomer Signature: | |
| ate: | |