



**FAX BACK NUMBER: 1-206-424-1327 OR 1-360-526-0637**

**LETTER OF AGENCY  
RESP ORG TRANSFER REQUEST FORM**

The undersigned has selected Cepap and its business partners to act as the RESP ORG for the Toll Free numbers identified below and on any addenda attached to this letter. Cepap and its business partners have been authorized to act as an agent for the undersigned for the purpose of taking such actions as may be required on behalf of the undersigned to implement this selection.

<b>PLEASE RELEASE TO CEPAP AND ITS BUSINESS PARTNERS</b>	
<b>Toll Free Number(s)</b>	<b>Where number(s) should ring through to</b>

<b>HOLDER NAME AND ADDRESS BELOW MUST MATCH BILL COPY</b>
Current Toll Free Carrier: _____
Current RESP ORG/ID (leave blank): _____
Holder Name: _____
Address: _____
Suite/Apt. No.: _____
City: _____
State/Province/District: _____
Country: _____ Zip Code: _____
Billing Address Phone: _____ Alternate Phone: _____
Billing Address Fax: _____ Alternate Fax: _____
Email Address: _____
Authorized Signature: _____
Signature Name (Printed Name): _____
Date: ____/____/_____

<b>OFFICIAL USE ONLY</b>
New RESP ORG/ID: _____ Agent ID: _____
RESP ORG Contact: _____
Transport Carrier: _____
Date and Time Sent: _____ Telephone: _____