CUSTOMER CONTACT AUTHORITY

Nextiva is committed to protecting the proprietary information (CPNI) you have entrusted to us. Please assist us by providing complete contact information for any employees, agents or other parties authorized to receive information regarding your (or your customers') account.

I grant permission to Nextiva to provide information to the following individuals for the purpose of servicing the applicable telecommunications account, including: the review of network, service, and billing records; negotiation of service changes; and resolution of network and billing issues that may arise.

Identified below are authorized employees or account contacts and the PIN numbers I have assigned to them.

Full Name(s) of Authorized User(s)	Email Address	Assigned PIN Numbers (4 Digits)

(Please attach additional forms as needed if authorizing more than 10 users to access your account.)

Account Business Name: _____ **Account #:** _____ (If Applicable)

Printed Name: _____ **Your PIN:** _____ (If Applicable)

Email Address: _____ **Date:** _____

Title: _____

It is your responsibility to notify Nextiva if employees/account contacts join or leave your company and/or changes to this authorization are required.

Once this form is complete, it is important that you send it to **CPNI@nextiva.com** from your primary account email address.

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