



LETTER OF AUTHORIZATION

By signing this form, I authorize Tech Valley Communications to review my records and information concerning products, network services, billing and such other information relating to our Company/Organization. This information will be used as the basis for Tech Valley Communications to prepare an accurate quote for comparable services.

Customer Name: _____

Address: _____

Authorized Signature: _____

Name/Title (Please Print): _____

Date: _____

Billing Telephone Numbers:

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Please mail completed form to:
Tech Valley Communications, 87 State Street, Albany, NY 12207
or fax to 518-598-0935
For assistance please call our Sales Department at 518-598-0900