

Letter of Authority for Customer Facility Assignment

Date:

Subject:

To Wells Interconnection:

Company () authorizes Wells Interconnection to complete one SMF Duplex Cross-Connect for End Customer () to the CFA Assignment below.

Service Address:		Number and Street:		City:	State:	Zip:
Room	Panel	Module	Ports			
Or check here to allocate next available assignment <input type="checkbox"/>						

Please note that () is responsible for all cross connect fees.

If you have any questions, please do not hesitate to call. **This LOA is valid for 30 days. **

Thank You

Name

Company

Title

Phone

Email