## **LETTER OF AUTHORIZATION (LOA)**

Aristo Networks Ltd (AS216265)

Date:

Customer (Legal Entity):

Service / Reference #:

Aristo Account Manager:

Authorized Contact

Name:

Title:

Email:

Phone:

Authorization

The Customer authorizes Aristo Networks Ltd ("Aristo") to provision and/or modify the service(s) stated above, including coordination with the designated carrier/data center for cross-connects, testing, and activation. The Customer confirms it has authority to request these actions.

Location & Cross-Connect Details

Data Center / Site:

testing, and activation. The Customer conf	irms it has authority to request these actions.
Location & Cross-Connect Detail Data Center / Site:	s
Cage / Suite / Rack:	
Patch Panel / Port:	
Hand-off Type (e.g., LC SMF):	
VLAN / Encapsulation:	
Diversity / Path Notes:	
Signatures	
Customer Authorized Signatory	Aristo Networks Authorized Signatory
Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date: