



# Letter of Authorization

I, \_\_\_\_\_, \_\_\_\_\_, authorize  
First Name Last Name

\_\_\_\_\_  
First and Last Name / Name of Organization (if applicable)

to activate on my behalf.

Contact phone number \_\_\_\_\_ Ext: \_\_\_\_\_  
Contact number of the person you have authorized

I understand and agree that when using the services; including any unlimited services, that I am subject to the Rogers Acceptable Use Policy, posted at [rogers.com/terms](http://rogers.com/terms). I also acknowledge that I have read and understood the Rogers Privacy policy, posted at <https://www.rogers.com/support/privacy/rogers-privacy-policy>.

I authorize Rogers to obtain information about my credit history to assess my eligibility for products and services and create and manage my account. I acknowledge that Rogers may share information about my credit experience and credit information with others including credit bureaus, credit grantors, and collection agencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)