



LETTER OF AUTHORIZATION

Open Dental Software
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Salem, OR 97317
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eServices@opidental.com

Customer Information

Customer Name	
Customer Company Name	
Street Address	
City, State/Province, Zip/Postal	
Customer Contact #	
Customer Email	

Telephone Number(s) to be text enabled by Open Dental:

Carrier	(XXX) XXX-XXX

By signing below, I verify that I represent the above-named business. I authorize Open Dental Software to act as my agent and affiliates' agent to text enable ("Provision") non-wireless telephone numbers owned and referenced above for the management of text messaging (SMS, MMS) and related services (the "Services") through the Open Dental network. I represent and warrant that I have authority to use and manage the telephone number(s) in connection with the Services without the consent of any third party. In no event shall Open Dental or its service providers be liable in any way for claims arising from or relating to a breach of any representation or warranty hereunder.

Provisioning will not affect existing voice service(s). If I change voice service providers, I understand that it is my responsibility to notify Open Dental.

Customer's Name _____ Job Title _____
 Customer's Signature _____ Date _____

You may cancel the above services by contacting Open Dental at +1 503.363.5432 or by emailing eServices@opidental.com.