

LNP Letter of Authorization

WARNING: If you cancel your existing service before the number porting has been completed, you might not have a way to recover your phone number. Do not cancel your current service until you have received notification from _____ that your port has been completed.

Statement of Authorization

The undersigned Customer agrees that they possess the legal authority to authorize _____, its preferred carriers, subsidiaries, and/or authorized agents to make any and all inquiries necessary for the obtaining necessary information to obtain and maintain services. The Customer acknowledges that they have the legal authority to authorize _____, its preferred carriers, subsidiaries, and/or authorized agents to act as Customer's agent for the purpose of taking any and all actions required to transfer the services on the telephone number(s) listed below to _____.

Account Information

Please list the telephone numbers you would like to port below. All of the phone numbers must have the same service address. For more than one service address, please use additional copies of this form.

Service address

(Note that all TN's listed below must be associated with this Company Name)

Phone number	Type
	X Business
	X Business
	X Business

By signing below I permit _____ or its designated agent to transfer my service from my current provider to _____. I also authorize _____ or its designated agent to transfer my current telephone number used to provide service so that _____ may provide its service to me. By signing below, I also authorize _____ or its designated agent to obtain billing information, customer service records and other network information required to provide me with _____ service.

Name _____

Signature _____

Date _____

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. Please contact an account manager with any questions.