**[NEW SERVICE PROVIDER LOGO/BRANDING]**

Telephone Number Porting

Letter of Authorization (LOA)

For Local Number Porting (LNP)

Thank you for choosing **[New Service Provider]** as your new service provider. In order to port your current telephone numbers to **[New Service Provider]**, we must work with your current service provider to ensure that your numbers are ported properly.

**Current Service Provider:**

Please provide a copy of your most recent invoice from your current service provider which should also show the numbers to be ported - fill out the following information below exactly as it appears on that invoice:

|  |  |
| --- | --- |
| Customer Name |  |
| Address |  |
| City, State & Zip Code |  |
| Account Number |  |
| Bill To Number (BTN) if different |  |
| PIN if applicable |  |

Numbers or ranges to Port under this LOA (attach additional pages if needed):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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By signing below, I explicitly authorize and request **[New Service Provider]** or its designated agent to port my telephone numbers as indicated from my current service provider to [**New Service Provider**]. I also authorize [**New Service Provider**] or its designated agent to obtain billing information, customer service records, and other network information as may be required to complete the port. I understand that it is my responsibility to be aware of any charges or fees which may apply to the porting of telephone numbers from my current service provider to [**New Service Provider**] and that it is my responsibility to disconnect service with my current service provider. I represent and warrant under penalty of perjury that I am the authorized end user of the telephone numbers listed above, or an otherwise authorized representative of the end user, with the full legal authority and capacity to authorize this action.

Authorized Printed Name: \_ Date: / \_ /

*Must be dated within 30 days of port request to be valid*

Authorized Signature: \_