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

RESPONSIBLE ORGANIZATION (RespOrg)

LETTER OF AUTHORIZATION (“LOA”)

For Toll Free Number Porting

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the “Customer”), Customer hereby authorizes **[New Service Provider]** to designate its underlying toll free service provider (Bandwidth Inc.) to be the Responsible Organization (RespOrg) for the following Toll Free numbers, including acting on Customer’s behalf, and at Customer’s direction, to transfer RespOrg as indicated below.

**From Current Carrier/RespOrg:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To New RespOrg ID:** **Bandwidth / JYT01**

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested FOC Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

By signing below, I represent and warrant to **[New Service Provider]** that I am an authorized employee or representative of the Customer, with the full legal authority and capacity to authorize this LOA.  As such, I explicitly authorize and request **[New Service Provider]** and/or its designated underlying toll free service provider to transfer (port) the Toll Free telephone number(s) listed from my current provider to  **[New Service Provider]**. Customer assumes all liability for the use of (including without limitation, authorized, fraudulent or misappropriated) Toll Free services of any other end-user subscriber with regards to the Toll Free number(s) listed. In addition, Customer understands that this request does not constitute an order for disconnect of service with its current service provider, and that it is Customer’s sole responsibility to be aware of any charges or fees which may apply to the transfer (port) of the telephone number(s) from its current service provider to **[New Service Provider]**.

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ (must be dated within 30 days of port order initiation)

**TFN(s) to Port** (please use additional sheets as necessary):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**