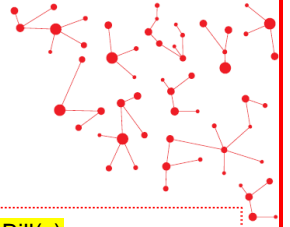


Letter of Authorization

To initiate the Local Number Porting (LNP)



Important: You MUST attach a copy of your entire most recent Phone and/or Internet Provider Bill(s).

Please fill out completely in order for it to be accepted. If more space is needed, please attach a spreadsheet.

Customer's Full Name: (as it appears on Bill)

Today's Date:

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Billing Telephone Number (BTN)

Requested Transfer Date:
(No more than 30 Days from today's date)

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Current Service Provider:

Current Service Provider Account Number:

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Individual Telephone Numbers to be Ported

Ex: 555123456 (no spaces or dashes)

Telephone Number Ranges to be Posted

Area Code Prefix Start Range End Range

Area Code	Prefix	Start Range	End Range

Service Address: (Must match account exactly and cannot be a PO Box)

Street Address (Including Suite #)	City	State	ZIP

Optional Outbound Caller ID Name (CNAM, 15 Characters Maximum)

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"Customer" referenced in "Company Name" authorizes, Telesupply, LLC. to initiate the Local Number Porting (LNP) of the numbers contained herein; and grants Telesupply, LLC. sole discretion of which Service Provider is used.

Directory Listing (Geographic Restrictions may apply)

Company Name	Phone Number	Heading

Authorized Representative – **Print Name & Title:**

Authorized Representative – **Signature:**

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