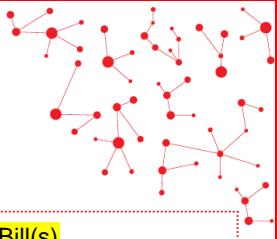


Letter of Authorization



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:

Billing Telephone Number (BTN)

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

Current Service Provider:

Current Service Provider Account Number:

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

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)

"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:**