

Letter of Authorization

Important: You must **attach a copy** of your entire most recent phone bill, and form must be **filled out completely** to be accepted. If more space for numbers is needed, please attach a spreadsheet.

Company Name ("Customer" on phone 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	Telephone Number Ranges to be Ported																																												
Ex: 5551234567 (no spaces, dashes or "1")	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">area code</th> <th style="width: 15%;">prefix</th> <th style="width: 25%;">start range</th> <th style="width: 45%;">end range</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	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 STE #)	City	State	Zip																																										
(Optional) Outbound Caller ID Name (CNAM, 15 character maximum)																																													
Directory Listing ((geographic restrictions may apply))																																													
Company Name	Phone Number	Heading																																											
Authorized Representative (Print Name)		Authorized Representative (Signature)																																											

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