



## Letter of Authorization

Number Hosting: Messaging Only

The undersigned hereby authorizes our carrier partner to act on the Customer's behalf to port the numbers listed below.

Current Provider: \_\_\_\_\_

Please fill out the following information as it appears on the **Customer Service Record (CSR)** of the current carrier:

<b>Customer Name</b>	
<b>Service Address</b>	
<b>Service City, State &amp; Zip Code</b>	

Please fill out the following information as it appears on the **customer invoice** with the current carrier:

<b>Billing Address</b>	
<b>Billing City, State &amp; Zip Code</b>	

Please List Telephone Number(s) Below:


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

(Must be dated within 30 days to be valid)

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