

Letter of Authorization

For Local Number Porting (LNP)



The undersigned hereby authorizes **PhoneSpeak** to act on the Customer's behalf to port the number listed below.

Current Service Provider/Carrier: _____ Account Number: _____
Account PIN: _____ (If applicable)

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

Customer/Subscriber Name: _____ (Registered name as per in current service provider/carrier CSR)
Service Street Number: _____ **Service Street Name:** _____
Service Street Name (line 2): _____ **Service City:** _____
Service State: _____ **Service Zip Code:** _____

Please fill out the following information as it appears on the **Customer Invoice** of the current service provider/carrier:

Customer/Subscriber Name: _____ (As per current service provider/carrier billing invoice)
Service Street Number: _____ **Service Street Name:** _____
Service Street Name (line 2): _____ **Service City:** _____
Service State: _____ **Service Zip Code:** _____

Additional Portability Information:

Number to be Ported out: _____ Existing BTN (Billing Telephone Number) with current service provider/carrier.

Account PIN: (if any) _____ **Will you be porting this BTN?** **YES** **NO**

New BTN for the current carrier (IF Partial Port) _____ **Is this a partial port?** **YES** **NO**

Please indicate your selection by circle YES or NO

Porting TNs (please use ranges whenever possible):

Authorized by:

Signature _____
Signature of the Person Submitting this Form

Name _____
Name of the Person Submitting this Form (print)

Date of Signature _____
MM DD YY
(Must be dated within 30 days to be valid)