



LETTER OF AUTHORIZATION

Dear Customer:

Thank you for choosing Broadvoice as your service provider. In order to transition your current telephone number to us we must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, signing, and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to Broadvoice. You will then be able to use your old number with your new Broadvoice service. Please be sure to fill out one form per telephone bill.

Please ensure the following information is completed accurately, **as it appears on your bill**, which will help prevent possible delays.

Company Name:

(All TN's listed below must be associated with this company)

Service Address:

City: State: Zip:

Current Account #: PIN #:

PIN #:

Zip:

PIN # must be included for all mobile accounts

PHONE NUMBERS

Excel document attached with additional numbers

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate Broadvoice or its designated agent to transfer my service from my current provider to Broadvoice. By signing below, I also authorize Broadvoice or its designated agent to transfer my current telephone number used to provide service so that Broadvoice may provide its service to me. By signing below, I also authorize Broadvoice or its designated agent to obtain billing information, customer service records and other network information required to provide me with Broadvoice service. I understand that I may consult with Broadvoice as to whether a fee will apply to the change.

Signature: Date:

Printed Name: _____ Title: _____

A Bill comes in REQUIRED to authorise payment of a