



### Letter of Authorization

For Local Number Porting (LNP)

The undersigned hereby authorizes **Accelecom** to act on behalf of **Customer** to port the numbers as provided by Customer below.

Customer's Applicable Service Order Number with Accelecom: \_\_\_\_\_

Customer's Current Provider: \_\_\_\_\_

Please fill out the following information as it appears on the Service Order and/or Invoice of the **current provider**:

Customer Name	
Service Address	
Service City, State & Zip Code	
Billing Address	
Billing City, State & Zip Code	

#### Additional Portability Information:

Billing Telephone Number (BTN) with current provider: \_\_\_\_\_

Will you be porting this BTN?       YES       NO

Is this a partial port?       YES\*       NO (check if this request is for a full port)

*\*If yes, please indicate a new BTN for the current provider: \_\_\_\_\_*

Local telephone numbers (LTNs) requested for porting:

LTNs Requested for Porting	LTNs being Terminated (if applicable)

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

(Must be dated within 30days to be valid)

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