



Letter of Authorization

For Local Number Porting (LNP)

The undersigned hereby authorizes **VoiceLogix** 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:

Customer Name	
Service Address	
Service City, State & Zip Code	

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

Billing Address	
Billing City, State & Zip Code	

Additional Portability Information:

Existing BTN (Billing Telephone Number) with current carrier: _____

Will you be porting this BTN? _____

Is this a partial port? YES NO

If yes, please indicate a new BTN for the current carrier: _____

Porting TNs (please use ranges whenever possible):

Authorized Printed Name: _____ Date: ___ / ___ / _____

(Must be dated within 30days to be valid)

Authorized Signature: _____

