

Order Type:  New  Add  Change

Account Number (if known): \_\_\_\_\_

### Authorization

On behalf of the company named below, I hereby authorize TouchTone Communications, Inc. ("TouchTone") to take all steps necessary to Port the telephone numbers identified below to TouchTone.

Customer/Company Name \_\_\_\_\_ Acct# (if known) \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Main Phone Number \_\_\_\_\_ Authorized Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Phone numbers to be ported (to the above listed service address)

*A \$5 one-time porting fee will apply per number.*

Requested Port Date \_\_\_\_\_

Total Numbers to Port \_\_\_\_\_

	Full or Partial	Phone Number to be Ported	Current Provider	Account Number	Mobile	Mobile PIN	Caller ID Name (inbound) \$2/add'l per DID
1					<input type="checkbox"/>		<input type="checkbox"/>
2					<input type="checkbox"/>		<input type="checkbox"/>
3					<input type="checkbox"/>		<input type="checkbox"/>
4					<input type="checkbox"/>		<input type="checkbox"/>
5					<input type="checkbox"/>		<input type="checkbox"/>
6					<input type="checkbox"/>		<input type="checkbox"/>
7					<input type="checkbox"/>		<input type="checkbox"/>
8					<input type="checkbox"/>		<input type="checkbox"/>
9					<input type="checkbox"/>		<input type="checkbox"/>

Total Number of Ports \_\_\_\_\_ + Total Number of Caller ID Name \_\_\_\_\_ = Total One-Time Charges \$ \_\_\_\_\_

This form, acting as a Letter of Agency (LOA), must be completed by the end-user and supplied to TouchTone Communications before service can be transferred. This form must contain the name and current service address of the end user, in addition to the numbers that will be ported to TouchTone Communications from the end-user's current carrier. The form used must comply with FCC regulations and must be dated and signed by the end-user or the person who has the authority to act as a legal agent of the end user.

By signing below, I designate TouchTone Communications ("TouchTone") to transfer my service and current telephone number from my current service provider to TouchTone. I also select TouchTone as the network carrier for all incoming calls for this number. By signing below, I also authorize TouchTone to obtain billing information, customer service records, and other information required to provide me with service on the TouchTone network. I understand that I may consult with TouchTone as to whether a fee will apply to the change.

**Along with this completed order form, you must provide TouchTone with a copy of your previous provider's bill.**

Customer Name (printed)

Customer Signature

Date