



***SERVER ID:** _____

ORDER # _____

1) Line Number Porting Form

Please fill this form as it appears from your current carrier. It is very important that the information submitted here **MATCH EXACTLY** with the information with your current carrier.

Company Name:	Email address:	Best number to reach you:
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name (As it appears on phone bill)	Last Name (As it appears on phone bill)
<input type="text"/>	<input type="text"/>

The name should list the person who is authorized to make changes from your current carrier.

Service Address: (Primary address where the telephone service is located. **NO P.O. BOXES**)

Street Number	Street Name (e.g. Main Street)
<input type="text"/>	<input type="text"/>

Suite/Floor#	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code

Billing Address: (This must be an exact match from your phone bill)

Check if same as service address

Street Number	Street Name (e.g. Main Street)
<input type="text"/>	<input type="text"/>

Suite/Floor#	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code	Current Phone Company
<input type="text"/>	<input type="text"/>



2) Authorization/Signature Page

Local Number Porting Request Letter of Agency

I wish to select Fonality as my provider for Telecommunications services.

I would like to change my local, regional, and long distance telecommunications services provider to Fonality for the numbers listed in the attached phone number table.

NOTICE REGARDING BILLING AND USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain billing and usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information. This information may be useful to tailor our products and services to your needs and to enhance our ability to meet all of your telecommunications needs. By checking the authorization box on this document, we will use your billing and usage-related information to offer you other Fonality (or its affiliates) products or services that may satisfy your needs and to respond to your concerns if you have become dissatisfied or cancel any of our services. Of course your decision will not harm the quality of service provided, and we will honor your choice until you expressly tell us otherwise.

_____ I authorize Fonality, its affiliates, or its agents, to use billing and usage information related to my account to see if I would benefit from other telecommunications services offered by Fonality, its affiliates, or its agents, and market them to me.

Service Address:

Company Name:	Customer Signature: X
Service Address:	Customer (Printed Name):
	Title:
City/State/Zip:	Date Signed:

My signature on this form authorizes Fonality and its affiliates or agents to act as my agent for the purpose of ordering, changing and/or maintaining communication services, including but not limited to local exchange, intraLATA and/or interLATA telephone services. Fonality is also authorized to obtain billing information, customer service records and other network information required to provide my telephone service. I understand that I may consult with my new service provider as to whether a fee will apply to change my preferred carrier. I understand that I may designate only one primary interexchange carrier for any one telephone number for interLATA and where applicable intraLATA usage. Selection of Fonality will apply to the telephone number(s) listed on this form.

THIS AUTHORIZATION REVOKES ANY PREVIOUS AUTHORIZATIONS REGARDING MY LOCAL, INTRALATA AND/OR INTERLATA TELEPHONE SERVICE AND SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING.



Proof of Ownership of Telephone Numbers

***** IMPORTANT**

In order for Fonality to port your numbers away from your current carrier, we need you to submit documentation of proof of ownership of your phone numbers. This is generally a copy of your Telephone Bill and **MUST** include the following:

- 1. Name of Company or Authorized name on the account.**
- 2. Address of the Company Name based on carrier's database.**
- 3. ALL DID Numbers requested for porting **MUST** be present on the bill (encircle on bill).**

* Bill must be no older than 30 days.

If your bill is missing item(s) 1, 2 or 3 you may submit the following:

- a. **SCREEN SHOT OF ONLINE BILL**- You can also submit a screenshot or print out of your online bill from your current carrier, as long as it shows Company/Authorized Name, Address and numbers requested for porting.
- b. **CUSTOMER SERVICE RECORD (CSR)** -A Customer Service Record, is a document which your current carrier is obligated to provide you and this document will tell us which information exactly is needed in order for us to port your number. A CSR record will list your name, company name, physical address and all phone numbers associated with your account. Please contact your carrier directly to obtain your customer service record as they will release this only to their clients.