



In order to transfer (port) your current telephone number(s) and service, Sangoma Technologies and SIPStation ("Sangoma") must work with your current service provider to ensure that your numbers are transferred properly. By completing, signing and dating this Letter of Authorization ("LOA"), you provide Sangoma with the authorization to initiate the process of transferring your telephone numbers to Sangoma.

IMPORTANT INSTRUCTIONS

1. **Separate LOAs are required for each billing entity and/or service provider with whom you currently have numbers that you wish to transfer.** Not completing this form in its entirety according to the instructions may result in delays or failure.
2. **To complete SECTION 1 below, please fill in requested information, EXACTLY as it is on file with the losing carrier.**
3. **A copy of the most recent invoice from your current service provider, dated within the past 30 days, must be submitted.**

SECTION 1 - CUSTOMER INFORMATION

Name: *(Company or individual's name must match what the losing carrier has on file).*

Service Address: *(Must match what the losing carrier has on file. P.O. Boxes are not acceptable for local numbers).*

Suite, Floor or Room # (if applicable):

City:

State:

Zip:

Account Number with Current Service Provider*:

*All the below listed numbers to be transferred under this LOA must currently be provided under the above stated account.

INSTRUCTIONS TO COMPLETE SECTION 2

Please list the individual numbers that you wish to transfer (port) below:

SECTION 2 – DETAILS OF PHONE NUMBERS TO BE TRANSFERRED

Individual Telephone Number(s) (Numbers 1 - 5)	Individual Telephone Number(s) (Numbers 6- 10)	Individual Telephone Number(s) (Numbers 11 - 15)
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()	()	()
()	()	()
()	()	()
()	()	()

SECTION 3 - CUSTOMER ACCEPTANCE AND AUTHORIZATION

By signing below I explicitly authorize and request Sangoma or its designated agent to transfer (port) my current telephone number(s) indicated above from my current provider to Sangoma. I also authorize Sangoma or its designated agent to obtain billing information, customer service records, and other network information required to provide me with the Sangoma or SIPStation service(s) for which I have contracted. I understand that it is my responsibility to be aware of any charges or fees which may apply to the transfer (port) of telephone numbers from my current service provider to Sangoma. By signing below I represent and warrant to Sangoma that I am the end user of the above telephone number(s), or authorized representative of the Customer named above, with the full legal authority and capacity to execute this Letter of Authorization. A \$10 fee per ported phone number will be charged to your account upon port completion.

Print Name:	Signature:
Title:	Date: