



- Letter of Agency Form -

COMPLETE ENTIRE FORM & MAKE SURE ALL INFORMATION IS LEGIBLE.

NOTE: WHEN RETURNING FORM, INCLUDE A COPY OF YOUR MOST RECENT BILL SHOWING THE NUMBER(S) BEING PORTED.

The undersigned hereby authorizes **Voicemail Office** to act on my behalf to Port (Transfer) the number(s) listed below
I hereby select **Voicemail Office's** designated **Local Exchange Carrier** to be my local exchange provider and to act as our Agent in dealings with our current local exchange telephone company.

Voicemail Office may place orders for new services, changes to existing services, and request and receive the results of busy/traffic studies. This authorization covers the following locations and leads billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for any one telephone number.

By signing below, I am authorizing **Voicemail Office's** designated **Local Exchange Carrier** to become my new telephone service provider in place of: **(Name of Current Provider: (_____))** for the provision of local telephone services. I authorize **Voicemail Office** to act as my agent to make this change happen, and direct **(Name of Current Provider (_____))** to work with **Voicemail Office** to effect the change.

I understand that if I wish to return to my current local telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new local telephone company may have different rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

List of Telephone Number(s) that are to be transferred:

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for services on the telephone numbers listed above.

I agree to pay to **Voicemail Office**, the Porting (Transfer) Fee of \$ _____ per telephone number transferred pursuant to this Transfer Request. I understand: (1) That my old phone company controls the length of time it will take to Port the number(s); (2) That it may take several weeks for the number(s) to be Ported and (3) The Porting Fee is Non Refundable if I cancel this order.

Signature: _____ **Date:** _____

Company Name: _____
Contact Name: _____ Contact Phone Number: _____
Billing Address of number(s) to be transferred: _____
Billing City: _____ State: _____ Zip: _____
Service Address of number(s) to be transferred: _____
Service City: _____ State: _____ Zip: _____
Are the numbers being ported Remote Call Forwarding or local service area with no service address? _____
Landline or Cellular? _____ Is Current Service Business or Residential? _____
Do you want FAX-to-EMAIL on the number(s) that are being Ported? _____
If you are Porting some of the numbers from your current service provider, but not Porting other active numbers with them, please indicate at least one of the active non-porting numbers here: _____